

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706986

FILED
Apr 27, 2010
Secretary of State

Entity Name: CLEWISTON CHAMBER OF COMMERCE INC

Current Principal Place of Business:

109 CENTRAL AVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

109 CENTRAL AVE
CLEWISTON, FL 33440

New Mailing Address:

P.O. BOX 275
CLEWISTON, FL 33440

FEI Number: 59-1854001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRELS, CATHY L
622 SABAL AVE.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VARY, MERCEDES
Address: 416 E. OSCEOLA AVENUE
City-St-Zip: CLEWISTON, FL 33440 US

Title: TD
Name: WOOD, ELAINE
Address: 111 PONCE DE LEON AVENUE
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP/D
Name: WILSON, GLENDA
Address: 544 W. SUGARLAND HWY.
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP/D
Name: MOORE, KAREN
Address: 115 W. VENTURA AVE.
City-St-Zip: CLEWISTON, FL 33440 US

Title: D
Name: IGLESIAS, RAMON
Address: 920 E. E. DEL MONTE AVENUE
City-St-Zip: CLEWISTON, FL 33440 US

Title: MS
Name: GARRELS, CATHY
Address: 622 SABAL AVENUE
City-St-Zip: CLEWISTON, FL 33440 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CATHY L. GARRELS

MS

04/27/2010

Electronic Signature of Signing Officer or Director

Date