

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706986

FILED
Sep 28, 2012
Secretary of State

Entity Name: CLEWISTON CHAMBER OF COMMERCE INC

Current Principal Place of Business:

109 CENTRAL AVE
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 275
CLEWISTON, FL 33440

New Mailing Address:

109 CENTRAL AVE
CLEWISTON, FL 33440 US

FEI Number: 59-1854001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPARKS, JILLIAN P
109 CENTRAL 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: P/D
Name: HATTON, DENISE
Address: 221 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440 US

Title: TD
Name: SMITH, BELINDA
Address: 109 CENTRAL AVE
City-St-Zip: CLEWISTON, FL 33440 US

Title: S/D
Name: NELSON, JOHNNIE L
Address: 905 W VENTURA
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP/D
Name: WELLSLAGER, JOHN
Address: 531E EL PASO
City-St-Zip: CLEWISTON, FL 33440 US

Title: D
Name: WILSON, GLENDA
Address: 237 E ARCADE
City-St-Zip: CLEWISTON, FL 33440 US

Title: ED
Name: SPARKS, JILLIAN P
Address: 431 E. AVENIDA DEL RIO
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: JILLIAN P. SPARKS

E.D.

09/28/2012

Electronic Signature of Signing Officer or Director

Date