FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:17

DOCUMENT # 709813 (0)

1. Corporation Name
EVERGLADES AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
U. S. 41 & SR 29 CARNESTOWN FL US	P.O. BOX 130 EVERGLADES CITY FL 33929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1965
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-0791677 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~STROBEL, SHELIA~~ ~~HAMILTON LANE~~ ~~CHOKOLOSKEE FL 33925~~ HOUSE, TERESA E 926 PANTHER CREEK LN EVERGLADES, FL 33929	81 Name: HOUSE, TERESA E 82 Street Address (P.O. Box Number is Not Acceptable): 926 PANTHER CREEK LANE 83 84 City: EVERGLADES CITY FL 85 Zip Code: 33929

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Teresa E. House TERESA E HOUSE TREASURER 5/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	STROBEL, SHELIA	1.2 NAME	~~[redacted]~~ HOUSE, TERESA E	
STREET ADDRESS	HAMILTON LANE	1.3 STREET ADDRESS	926 Panther Creek Lane	
CITY-ST-ZIP	CHOKOLOSKEE FL	1.4 CITY-ST-ZIP	Everglades City, FL 33929	
TITLE	SD	2.1 TITLE	SECRETARY D	☑ Change ☐ Addition
NAME	BROCK, JAN	2.2 NAME	DAVIS, TONY	
STREET ADDRESS	102 BROADWAY	2.3 STREET ADDRESS	2704 Mountain View Circle	
CITY-ST-ZIP	EVERGLADES FL	2.4 CITY-ST-ZIP	NAPLES, FL	
TITLE	VD	3.1 TITLE	PRES. D	☒ Change ☐ Addition
NAME	HAMILTON, SAMMY J	3.2 NAME	HAMILTON, SAMMY J.	
STREET ADDRESS	102 COLLIER AVE.	3.3 STREET ADDRESS	102 COLLIER AVE.	
CITY-ST-ZIP	EVERGLADES FL	3.4 CITY-ST-ZIP	EVERGLADES, FL 33929	
TITLE	PD	4.1 TITLE	VICE-PRES D	☒ Change ☐ Addition
NAME	WOOTEN, GENE	4.2 NAME	STOKES, LYNN	
STREET ADDRESS	STAR ROUTE 120	4.3 STREET ADDRESS	611 Collier Ave.	
CITY-ST-ZIP	OCHOPEE FL	4.4 CITY-ST-ZIP	EVERGLADES, FL 33929	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teresa E. House 5/15/95 695-3941
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080247