NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996DOCUMENT #

709813

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EVERGLADES AREA CHAMBER OF COMMERCE, INC.

Malling Address Principal Place of Business P.O. BOX 130 U.S. 41 & SR 29 **EVERGLADES CITY FL 33929** CARNESTOWN FL 3. Date Incorporated or Qualified 10/26/1965 3a. Date of Last Report 05/23/1995 Applied For 2a. Malling Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıρ Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOUSE, THERESAE Street Address (P.O. Box Number is Not Acceptable) 82 926 PANTHER CREEK LANE 63 **EVERGLADES CITY FL 33929** Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Change Addition DELETE 1.1 TITLE TREASURER. TITLE SHEILAH P STROBEL HOUSE, THERESAE 1.2 NAME NAME 1175 HAMILTON LANE 926 PANTHER CREEK LANE 1.3 STREET ADDRESS STREET ADDRESS CHOKOLOSKEE, FL 53925 EVERGLADES FL 1.4 CITY-ST-ZIP CITY - ST - ZIPC Addition Change SD DELETE 2.1 TITLE SECRETARY TITLE CLAUDIA DAVENPORT DAVIS, TONY 2.2 NAME NAME COLLIER AUE 2704 FOUNTAIN VIEW CIRCLE 2.3 STREET ADDRESS STREET ADDRESS EVERGLADES NAPLES FL 2.4 CITY-ST-ZIP CHY-ST-ZIP Addition PRESIDENT . LUELETE VICE 3.1 TITLE TITLE HAMILTON, SAMMY 102 COLLIER AVE EVERGLAPES, FL 3509 HAMILTON, SAMMY S 3.2 NAME NAME **102 COLUER AVE** 3.3 STREET ADDRESS STREET ADDRESS EVERGLADES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Addition DELETE 4.1 TITLE VPD TITLE STOKES, LYNN 4. 2 NAME LYNN STOKES NAME **611 COLLIER AVE** 611 COLLIER 4.3 STREET ADDRESS STREET ADDRESS **EVERGLADES FL** 4.4 CITY-ST-ZIP EVERCLADES CITY - ST - ZIP Addition DELETE 5.1 TITLE TITLE 500001783315 5.2 NAME NAME -04/17/96--01017--032 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 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)(k), 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

ATTIGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P. STROBEZ 3/15/96

941-45-3941 Daytime Prone *

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