

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 709813 (0)  
1. Corporation Name  
EVERGLADES AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address  
U. S. 41 & SR 29 P.O. BOX 130  
CARNESTOWN FL EVERGLADES CITY FL 34139-0130  
US

3. Date Incorporated or Qualified 10/26/1965 3a. Date of Last Report 04/16/1996  
4. FEI Number 59-0791677 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSE, THERESAE  
926 PANTHER CREEK LANE  
EVERGLADES CITY FL 33929

81 Name STOKES LYNN  
82 Street Address (P.O. Box Number is Not Acceptable) 611 COLLIER AVE  
83  
84 City EVERGLADES FL 85 Zip Code 34139

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 [Signature] DATE 4-24-97  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |  |  |
|----------------------------|----------------------|--|--|---|---------------------------------|--|--|
| TITLE                      | VPD                  | <input type="checkbox"/> DELETE            |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | HAMILTON, SAMMY S    |  |  | 1.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 102 COLLIER AVE      |  |  | 1.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | EVERGLADES FL        |  |  | 1.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      | PD                   | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | STOKES, LYNN         |  |  | 2.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 611 COLLIER AVE      |  |  | 2.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | EVERGLADES FL        |  |  | 2.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      | T                    | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | STROBEL, SHEILAH P   |  |  | 3.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 1175 HAMILTON LANE   |  |  | 3.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | CHOKOLOSKEE FL 33925 |  |  | 3.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      | S                    | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |  |
| NAME                       | DAVENPORT, CLAUDIA   |  |  | 4.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 611 COLLIER AVE      |  |  | 4.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | EVERGLADES FL        |  |  | 4.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      |                      | <input type="checkbox"/> DELETE            |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       |                      |  |  | 5.2 NAME  |                                 |  |  |
| STREET ADDRESS             |                      |  |  | 5.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                |                      |  |  | 5.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      |                      | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> 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 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.

CR2E037 (9/96)