

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709813** (0)
1. Corporation Name
EVERGLADES AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business
**U. S. 41 & SR 29
CARNESTOWN FL
US**

Mailing Address
**P.O. BOX 130
EVERGLADES CITY FL 33929**

3. Date Incorporated or Qualified
10/26/1965

4. FEI Number
59-0791677

Applied For
☐ Not Applicable

2. Principal Place of Business
21 US. 41 & SR 29
Suite, Apt. #, etc.
22 CARNESTOWN FL
City & State
23 EVERGLADES FL
Zip
24 34139 Country
25 USA

2a. Mailing Address
26 P.O. Box 130
Suite, Apt. #, etc.
27
City & State
28 EVERGLADES FL
Zip
29 34139 Country
30 USA

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOKES, LYNN
611 COLLIER AVE.
EVERGLADES CITY FL 34139**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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, 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	VPD	<input type="checkbox"/> DELETE
NAME	HAMILTON, SAMMY S	
STREET ADDRESS	102 COLLIER AVE	
CITY-ST-ZIP	EVERGLADES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOKES, LYNN	
STREET ADDRESS	611 COLLIER AVE	
CITY-ST-ZIP	EVERGLADES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STROBEL, SHEILAH P	
STREET ADDRESS	1175 HAMILTON LANE	
CITY-ST-ZIP	CHOKOLOKEE FL 33925	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLALOCK, DAVID	
STREET ADDRESS	650 E.C. AIRPARK RD.	
CITY-ST-ZIP	EVERGLADES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STIFFLER, SOPHIA
3.3 STREET ADDRESS	508 SCHOOL DR
3.4 CITY-ST-ZIP	EVERGLADES FL 34139
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARRADEN, SANDEE
4.3 STREET ADDRESS	107 CAMELLIA ST
4.4 CITY-ST-ZIP	EVERGLADES FL 34139
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TORRE, DANA
5.3 STREET ADDRESS	203 COLLIER AVE
5.4 CITY-ST-ZIP	EVERGLADES FL 34139
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **Sophia Stiffler**

4-16-98

941-6954000

CR2E037 (10/97)