

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90004 004 ****70.00

DOCUMENT # 709813

1. Corporation Name

EVERGLADES AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

U. S. 41 & SR 29
CARNESTOWN FL 34139
US

Mailing Address

P.O. BOX 130
EVERGLADES CITY FL 34139
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1965	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0791677	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Country Fee Required	
24 Country		30 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees	
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 GENE WOOTEN	
				82 Street Address (P.O. Box Number is Not Acceptable) 32330 TAMAMI TRAIL E	
				83 OCHOPEE,	
				84 City FL 85 Zip Code 34141	

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

Gene Wooten

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	HAMILTON, SAMMY S	1.2 NAME	GENE WOOTEN
STREET ADDRESS	102 COLLIER AVE	1.3 STREET ADDRESS	32330 TAMAMI TRAIL EAST
CITY-ST-ZIP	EVERGLADES FL	1.4 CITY-ST-ZIP	OCHOPEE, FL 34141
TITLE	PD	2.1 TITLE	VPD
NAME	STOKES, LYNN	2.2 NAME	HAMILTON, SAMMY S
STREET ADDRESS	611 COLLIER AVE	2.3 STREET ADDRESS	399 W. COPELAND
CITY-ST-ZIP	EVERGLADES FL	2.4 CITY-ST-ZIP	EVERGLADES, FL 34139
TITLE	T	3.1 TITLE	SD
NAME	STIFFLER, SOPHIA	3.2 NAME	HARRADEN, SANDEE
STREET ADDRESS	508 SCHOOL DR	3.3 STREET ADDRESS	107 CAMELLIA ST
CITY-ST-ZIP	EVERGLADES FL 34139	3.4 CITY-ST-ZIP	EVERGLADES, FL 34139
TITLE	S	4.1 TITLE	SD
NAME	HARRADEN, SANDEE	4.2 NAME	JEAN SUNMAN
STREET ADDRESS	107 CAMELLIA ST	4.3 STREET ADDRESS	102 BROADWAY
CITY-ST-ZIP	EVERGLADES FL 34139	4.4 CITY-ST-ZIP	EVERGLADES, FL 34139
TITLE	S	5.1 TITLE	TD
NAME	TORRE, DANA	5.2 NAME	CURTIS SMITH
STREET ADDRESS	203 COLLIER AVE	5.3 STREET ADDRESS	32330 TAMAMI TRAIL EAST
CITY-ST-ZIP	EVERGLADES FL 34139	5.4 CITY-ST-ZIP	OCHOPEE, FL 34141
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Gene Wooten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE WOOTEN

DATE

7/7/99

DAYTIME PHONE #

941-617-3541

CR2E037 (5/99)

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