

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 011 ****70.00

DOCUMENT # 709813					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0791677	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, A. KENNETH 32330 TAMIAMI TRAIL E CHOKOLOSKEE, FL 34138			Name GENE WOOTEN Street Address (P.O. Box Number is Not Acceptable) 33230 E. TAMIAMI TR. City OCHOPEE FL Zip Code 34141		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Gene Wooten</i></u> (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, A. KENNETH 32330 TAMIAMI TRAIL EAST CHOKOLOSKEE, FL 34138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENE WOOTEN 33230 E. TAMIAMI TR. OCHOPEE, FL 34141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOKES, LYNN 611 COLLIER AVE EVERGLADES, FL 34139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHERYL HENDERSON 209 RIVERSIDE DRIVE EVERGLADES CITY, FL 34139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENERSON, CHERYL 32330 TAMIAMI TRAIL EAST EVERGLADES, FL 34139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AVERY SUMNER 238 MAMIE ST CHOKOLOSKEE, FL 34138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STROBEL, SHEILAH 1150 HAMILTON LANE CHOKOLOSKEE, FL 34138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDELSTAEDT, ELAINE 410 S. STORTER AVE EVERGLADES CITY, FL 34139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Gene Wooten</i></u> Date <u><i>Mar. 25, 05</i></u> Daytime Phone # _____					