DOCUMENT # 709813

1. Entity Name
EVERGLADES AREA CHAMBER OF COMMERCE, INC.

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90081 012 ****61.25

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

03082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0791677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOTEN, GENE
32330 E TAMIAMI TRAIL
OCHOPEE, FL 34191

7. Name and Address of New Registered Agent

Name CHERYL HENDERSON
Street Address (P.O. Box Number is Not Acceptable) 201 BROADWAY
EVERGLADES CITY, FL 34139
City **FL** Zip Code

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 Cheryl C. Henderson PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 WOOTEN, GENE 33230 E TAMIAMI TR OCHOPEE, FL 34141	☒ Delete	P CHERYL HENDERSON 201 BROADWAY EVERGLADES CITY, FL 34139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENDERSON, CHERYL 209 RIVERSIDE DRIVE EVERGLADES CITY, FL 34139	☐ Delete	VP ROBERT WELLS COPELAND AVE EVERGLADES CITY, FL 34139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBERTS, KATY 310 COLLIER AVE EVERGLADES CITY, FL 34139	☐ Delete	S PATTY HUFF 207 STORTER AVE EVERGLADES CITY, FL 34139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MIDDELSTAEDT, ELAINE 410 S STORTER AVE EVERGLADES CITY, FL 34139	☐ Delete	T MYRNA BAIER 210 COLLIER AVE EVERGLADES CITY, FL 34139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cheryl C. Henderson President 3/15/07 239-695-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #