

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-01-2008 90210 020 ****61.25
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FILED
May 21, 2008 8:00 A.M.
Secretary of State

DOCUMENT # 709813					
1. Entity Name EVERGLADES AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business U. S. 41 & SR 29 CARVESTOWN, FL 34139 US			Mailing Address P.O. BOX 130 EVERGLADES CITY, FL 34139 US		
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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENDERSON, CHERYL 201 BROADWAY EVERGLADES CITY, FL 34139			Name ELAINE MIDDELSTAEDT Street Address (P.O. Box Number is Not Acceptable) 410 STORTER AVE EVERGLADES CITY, FL 34138 City EVERGLADES CITY, FL Zip Code 34139		
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 <i>Elaine Middelstaedt</i>		(DIRECTOR)		DATE 4/24/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 HENDERSON, CHERYL 201 BROADWAY EVERGLADES CITY, FL 34139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GENE WOOTEN 32830 TAMIAHI TR. E. OCHOPEE, FL 34141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDERSON, CHERYL 209 RIVERSIDE DRIVE EVERGLADES CITY, FL 34139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT BOB WELLS SOUTH 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TERRI REMENTERIA 38477 TAMIAHI TR. E. OCHOPEE, FL 34141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDELSTAEDT, ELAINE 410 S STORTER AVE EVERGLADES CITY, FL 34139	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MYRNA BAIER 210 COLLIER AVE EVERGLADES CITY, FL 34139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELAINE MIDDELSTAEDT 410 STORTER AVE EVERGLADES CITY, FL 34139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <i>Elaine Middelstaedt</i>		Elaine Middelstaedt		4/28/08 239-695-2645	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

KS