

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709813

FILED
Apr 20, 2009
Secretary of State

Entity Name: EVERGLADES AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130
EVERGLADES CITY, FL 34139 US

New Mailing Address:

FEI Number: 59-0791677 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIDDELSTAEDT, ELAINE
410 STORTER AVE.
EVERGLADES CITY, FL 34139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOTEN, GENE
Address: 32330 TAMiami TR. E.
City-St-Zip: OCHOPEE, FL 34141

Title: VP () Delete
Name: WELLS, ROB
Address: SOUTH COPELAND AVE.
City-St-Zip: EVERGLADES CITY, FL 34139

Title: S () Delete
Name: REMENTERIA, TERRI
Address: 38477 TAMiami TR. E.
City-St-Zip: OCHOPEE, FL 34141

Title: T () Delete
Name: BAIER, MYRNA
Address: 210 COLLIER AVE.
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D () Delete
Name: MIDDELSTAEDT, ELAINE
Address: 410 STORTER AVE.
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JOHNSON, TODD
Address: P.O. BOX 130
City-St-Zip: EVERGLADES CITY, FL 34139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMAS, WINIFRED
Address: PO BOX 130
City-St-Zip: EVERGLADES CITY, FL 34139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINIFRED THOMAS

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date