## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 709813** 

FILED Jan 04, 2012 Secretary of State

Entity Name: EVERGLADES AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

U. S. 41 & SR 29 32016 TAMIAMI TRAIL E.

CARNESTOWN, FL 34139 US EVERGLADES CITY, FL 34139 US

Current Mailing Address: New Mailing Address:

P.O. BOX 130

EVERGLADES CITY, FL 34139 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIDDELSTAEDT, ELAINE 410 S STORTER AVE.

EVERGLADES CITY, FL 34139 US

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: F

Name: WOOTEN, GENE
Address: 32330 TAMIAMI TR. E.
City-St-Zip: OCHOPEE, FL 34141

Title: VP

Name: HILTON, ORLO Address: 401 SCHOOL DRIVE

City-St-Zip: EVERGLADES CITY, FL 34139

Title: S

Name: SHELBURNE, WILLIAM JR. Address: 294 SMALLWOOD DRIVE City-St-Zip: CHOKOLOSKEE, FL 34138

Title: T

Name: BAIER, MYRNA Address: 210 COLLIER AVE.

City-St-Zip: EVERGLADES CITY, FL 34139

Title: [

 Name:
 REMENTERIA, TERRI

 Address:
 38477 TAMIAMI TRAIL E.

 City-St-Zip:
 OCHOPEE, FL 34141

Title: [

Name: MIDDELSTAEDT, ELAINE Address: 410 S STORTER AVE

City-St-Zip: EVERGLADES CITY, FL 34139

I hereby 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 all other like empowered.

SIGNATURE: ELAINE MIDDELSTAEDT D 01/04/2012