FILE NOW: FILING FEE AFTER MAY 1 is $150.00 4-24-95 ... -X C

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711385 (5)

1. Corporation Name

INDIANTOWN CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
15518 SW OSCEOLA ST. INDIANTOWN FL 34956 US	P.O. BOX 602 INDIANTOWN FL 34956 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1966
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2058229 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VENARD, CHARLOTTE
8062 SW SKYLARK AVE.
GOBESOUND FL 33455

10. Name and Address of New Registered Agent

81 Name: Becky Harrison
82 Street Address (P.O. Box Number is Not Acceptable): 8601 SW Hopwood Ave.
83
84 City: Indiantown FL 85 Zip Code: 34956

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Becky Harrison (signature) DATE: 4/19/95

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	SIEFKER, CLAIRE	1.2 NAME		
STREET ADDRESS	16630 WARFIELD BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	President	☒ Change ☐ Addition
NAME	HARDEE, WILLIAM	2.2 NAME	William C. Summers	
STREET ADDRESS	15565 SW WARFIELD BLVD.	2.3 STREET ADDRESS	14751 SW American St.	
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	SD	3.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	VENARD, CHARLOTTE	3.2 NAME	Becky Harrison	
STREET ADDRESS	8062 SW SKYLARK AVE.	3.3 STREET ADDRESS	8601 SW Hopwood Ave.	
CITY-ST-ZIP	HOBESOUND FL	3.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITAKER, CONNIE	4.2 NAME		
STREET ADDRESS	15518 SW OSCEOLA STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SUMMERS, WILLIAM C.	5.2 NAME	Steve Sorrentino	
STREET ADDRESS	14751 SW AMERICAN ST.	5.3 STREET ADDRESS	19140 SW Warfield Blvd.	
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	Indaintown, FL 34956	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WALL, HARRIS H	6.2 NAME	William Hardee	
STREET ADDRESS	16500 SW PALAMINO STREET	6.3 STREET ADDRESS	15565 SW Warfield Blvd	
CITY-ST-ZIP	INDIANTOWN FL	6.4 CITY-ST-ZIP	Indiantown FL 34956	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie Whitaker (signature) — 4/19/95 — 407-597-2184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #