FILE NOW: FILING FEE IS $61.25

FILED
Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34956-0602 US

3. Date Incorporated or Qualified: 08/23/1966
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2058229 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRISON, BECKY
8601 SW HOPWOOD AVE.
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	SIEFKER, CLAIRE		1.2 NAME	Taylor, Andrew	
STREET ADDRESS	16630 WARFIELD BLVD.		1.3 STREET ADDRESS	15950 S.E. Kanner Hwy	
CITY-ST-ZIP	INDIANTOWN, FL 00000		1.4 CITY-ST-ZIP	Indiantown, Fl. 34956	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUMMERS, WILLIAM C.		2.2 NAME		
STREET ADDRESS	14751 SW AMERICAN ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, BECKY		3.2 NAME		
STREET ADDRESS	8601 SW HOPWOOD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARMAN, DONNA		4.2 NAME		
STREET ADDRESS	15518 SW OSCEOLA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SORRENTIO, STEVE		5.2 NAME		
STREET ADDRESS	19140 SW WARFIELD BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AUAD, TERESA		6.2 NAME		
STREET ADDRESS	16630 SW WARFIELD BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donna Carman REQUIRED 1/10/97 (561)597-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071136