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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **711385** (5)

1. Corporation Name

INDIANTOWN CHAMBER OF COMMERCE, INC.
INDIANTOWN WESTERN MARTIN COUNTY 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

3. Date Incorporated or Qualified: 08/23/1966

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

2. Principal Place of Business	2a. Mailing Address
21 15655 SW OSCEOLA ST	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: INDIANTOWN FL	28 City & State
24 Zip: 34956 25 Country: US	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRISON, BECKY 8601 SW HOPWOOD AVE. INDIANTOWN FL 34956	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	PTD	☒ Change ☐ Addition
NAME	TAYLOR, ANDREW		1.2 NAME	~~TAYLOR~~ AUAD, TERESA	
STREET ADDRESS	15950 SW KANNER HWY		1.3 STREET ADDRESS	16630 SW Warfield Blvd.	
CITY-ST-ZIP	INDIANTOWN, FL 00000		1.4 CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	P	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SUMMERS, WILLIAM C.		2.2 NAME	~~SUMMERS~~ TAYLOR, ANDREW	
STREET ADDRESS	14751 SW AMERICAN ST.		2.3 STREET ADDRESS	15950 SW Kanner Hwy.	
CITY-ST-ZIP	INDIANTOWN FL		2.4 CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☒ Addition
NAME	HARRISON, BECKY		3.2 NAME	~~HARRISON~~ Cartwright, Michelle	
STREET ADDRESS	8601 SW HOPWOOD AVE.		3.3 STREET ADDRESS	9601 SW Fox Brown Rd	
CITY-ST-ZIP	INDIANTOWN FL		3.4 CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CARMAN, DONNA		4. 2 NAME	Howe, Michelle	
STREET ADDRESS	15518 SW OSCEOLA STREET		4.3 STREET ADDRESS	15655 SW Osceola St.	
CITY-ST-ZIP	INDIANTOWN FL 34956		4.4 CITY-ST-ZIP	INDIANTOWN, FL 34956	
TITLE	VPD	☒ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SORRENTIO, STEVE		5.2 NAME	BLAIR BYNUM	AN
STREET ADDRESS	19140 SW WARFIELD BLVD.		5.3 STREET ADDRESS	19200 SW Warfield Blvd.	24
CITY-ST-ZIP	INDIANTOWN FL		5.4 CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	AUAD, TERESA		6.2 NAME	Becky Harrison	
STREET ADDRESS	16630 SW WARFIELD BLVD.		6.3 STREET ADDRESS	8601 SW Hopwood Ave	
CITY-ST-ZIP	INDIANTOWN FL 34956		6.4 CITY-ST-ZIP	INDIANTOWN, FL 34956	

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14. I 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: Donnella Howe 1/9/98 (561) 597-2154

CR2E037 (10/97)