FILE NOW: FILING FEE IS $61.25

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90017 023 ****61.25

0074550

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711385

1. Corporation Name
INDIANTOWN CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
15655 S.W. OSCEOLA ST. INDIANTOWN FL 34956 US	P.O. BOX 602 INDIANTOWN FL 34956 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/23/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2058229 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Rossana Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 15655 S.W. Osceola St
83
84 City: Indiantown FL 85 Zip Code: 34956

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: Rossana Gonzalez — Signature, typed or printed name of registered agent and title if applicable.
Rossana Gonzalez — (NOTE: Registered Agent signature required when reinstating)
DATE: 5/3/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, ANDREW		1.2 NAME		
STREET ADDRESS	15950 SW KANNER HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN, FL 00000		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	AUAD, TERESA		2.2 NAME	Brian Powers	
STREET ADDRESS	16630 S.W. WARFIELD BLVD.		2.3 STREET ADDRESS	16600 S.W. Warfield Blvd	
CITY-ST-ZIP	INDIANTOWN FL 34956		2.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARTWRIGHT, MICHELLE		3.2 NAME		
STREET ADDRESS	9601 S.W. FOX BROWN RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HOWE, MICHELLE		4.2 NAME	Rossana Gonzalez	
STREET ADDRESS	15655 S.W. OSCEOLA ST.		4.3 STREET ADDRESS	15655 S.W. Osceola St	
CITY-ST-ZIP	INDIANTOWN FL 34956		4.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BYNUM, BLAIR		5.2 NAME		
STREET ADDRESS	8601 S.W. HOPWOOD AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL 34956		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	AUAD, TERESA		6.2 NAME	Brian Powers	
STREET ADDRESS	16630 SW WARFIELD BLVD.		6.3 STREET ADDRESS	16600 S.W. Warfield Blvd.	
CITY-ST-ZIP	INDIANTOWN FL 34956		6.4 CITY-ST-ZIP	Indiantown, FL 34956	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: R SIGNATURE REQUIRED — 5/3/99 — 561-597-2184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #