


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90028 029 \*\*\*\*\*61.25

<b>DOCUMENT # 717975</b>	
1. Entity Name <b>DUNDEE CHAMBER OF COMMERCE, INC.</b>	

Principal Place of Business <b>310 MAIN STREET DUNDEE, FL 33838</b>	Mailing Address <b>POST OFFICE BOX 241 DUNDEE, FL 33838</b>
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2. Principal Place of Business		3. Mailing Address		01052006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2759164</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MALLERY, ROBERT H 114 MAIN STREET DUNDEE, FL 33838</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert H. Mallery DATE 1/24/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>RD</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	<b>MALLERY, ROBERT H</b>	NAME	
STREET ADDRESS	<b>114 MAIN STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNDEE, FL 33838</b>	CITY-ST-ZIP	
TITLE	<b>S</b>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	<b>JONES, LAMANDA</b>	NAME	<b>Michele Shipe - President</b>
STREET ADDRESS	<b>100 LAKE CRYSTAL ROAD</b>	STREET ADDRESS	<b>813 Wakulla Drive</b>
CITY-ST-ZIP	<b>LAKE HAMILTON, FL 33851</b>	CITY-ST-ZIP	<b>Winter Haven, FL 33884</b>
TITLE	<b>Vice President</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	<b>DOWD, RANDY</b>	NAME	
STREET ADDRESS	<b>201 MAIN STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNDEE, FL 33838</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	<b>SEIBEL, JOHN</b>	NAME	
STREET ADDRESS	<b>29119 US HWY 27</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNDEE, FL 33838</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	<b>MILLER, MARLA</b>	NAME	<b>Frances Delos Santos - Secretary</b>
STREET ADDRESS	<b>307 6TH ST.</b>	STREET ADDRESS	<b>912 Valentina Drive</b>
CITY-ST-ZIP	<b>DUNDEE, FL 33838</b>	CITY-ST-ZIP	<b>Dundee, FL 33838</b>
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	<b>COMBS, CONNIE</b>	NAME	<b>Kathryn Skipper - Director</b>
STREET ADDRESS	<b>410 8TH STREET</b>	STREET ADDRESS	<b>3713 Masterpiece Road</b>
CITY-ST-ZIP	<b>DUNDEE, FL 33838</b>	CITY-ST-ZIP	<b>Lake Wales, FL 33898</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.