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Mar 14 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 # 720610 (5)

1. Corporation Name

LAKE WALES AREA CHAMBER OF COMMERCE,INC

Principal Place of Business	*Mailing Address*
340 WEST CENTRAL AVE P. O. BOX 191 LAKE WALES FL. 33859-7191	340 WEST CENTRAL AVE. P. O. BOX 191 LAKE WALES FL. 33859-0191

3. Date Incorporated or Qualified: 03/21/1971
3a. Date of Last Report: 06/17/1996

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

4. FEI Number: 59-0324245 ☐ 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

GAY, JUDY C
340 WEST CENTRAL AVE.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	HALL, GREGORY		1.2 NAME	Jerry Shepherd	
STREET ADDRESS	5301 HWY 275		1.3 STREET ADDRESS	1001 Burns Ave	
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	VD	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	BROOKS, ALLAN		2.2 NAME	Dwight Reeves	
STREET ADDRESS	244 PARK AVE. E.		2.3 STREET ADDRESS	208 E Stuart Avenue	
CITY-ST-ZIP	LAKE WALES FL 33853		2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	SIMS, DON		3.2 NAME	Allan Brooks	
STREET ADDRESS	650 HWY 27 N.		3.3 STREET ADDRESS	244 E Park Avenue	
CITY-ST-ZIP	LAKE WALES FL 33853		3.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	MASSEY, WAYNE		4.2 NAME	Sarah Caraway	
STREET ADDRESS	102 CENTRA AVE. E.		4.3 STREET ADDRESS	149 E Stuart Avenue	
CITY-ST-ZIP	LAKE WALES FL 33853		4.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	TD	☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	MC KEON, TOM		5.2 NAME	Ronnie Oakley	
STREET ADDRESS	1323 S.R. 60 E.		5.3 STREET ADDRESS	101 ABC Road	
CITY-ST-ZIP	LAKE WALES FL 33853		5.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SALUD, VIOLETA		6.2 NAME		
STREET ADDRESS	1 WEST CENTRAL AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		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: _____ 03/26/1997