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FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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. 33859-7191

3. Date Incorporated or Qualified: 03/21/1971

4. FEI Number: 59-0324245 ☐ Applied For ☐ Not Applicable

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	Zip 29 / Country 30

6. 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
GAY, JUDY C 340 WEST CENTRAL AVE. LAKE WALES FL 33853	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 Judy C. Gay Judy C. Gay May 21, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	Edward Ettington	
STREET ADDRESS	5301 HWY 275		1.3 STREET ADDRESS	1941 Oakland Park Dr	
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY-ST-ZIP	Lake Wales FL 33853	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BROOKS, ALLAN		2.2 NAME	Greg Littleton	
STREET ADDRESS	244 PARK AVE. E.		2.3 STREET ADDRESS	1838 State Rd 60 E.	
CITY-ST-ZIP	LAKE WALES FL 33853		2.4 CITY-ST-ZIP	Lake Wales FL 33853	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIMS, DON		3.2 NAME		
STREET ADDRESS	650 HWY 27 N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MASSEY, WAYNE		4.2 NAME		
STREET ADDRESS	102 CENTRA AVE. E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MC KEON, TOM		5.2 NAME		
STREET ADDRESS	1323 S.R. 60 E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		5.4 CITY-ST-ZIP		
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 (10/97)

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