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**Mar 06, 1999 8:00 am**
**Secretary of State**
03-06-1999 90140 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

# DOCUMENT # 720610

1. Corporation Name
LAKE WALES AREA CHAMBER OF COMMERCE,INC

| Principal Place of Business | Mailing Address |
|---|---|
| 340 WEST CENTRAL AVE.<br>P. O. BOX 191<br>LAKE WALES FL. 33859-7191 | 340 WEST CENTRAL AVE.<br>P. O. BOX 191<br>LAKE WALES FL. 33859-7191 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>03/21/1971 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-0324245 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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**

81 Name: Edward Ethington
82 Street Address (P.O. Box Number is Not Acceptable): 340 West Central Avenue
83
84 City: Lake Wales FL 85 Zip Code: 33853

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: Edward Ethington — EDWARD ETHINGTON, EXCTIVE DIR. — DATE: 2/17/99
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 | ~~PD~~ | ☐ DELETE | 1.1 TITLE | MD | ☒ Change ☐ Addition |
| NAME | ETHINGTON, EDWARD | | 1.2 NAME | | |
| STREET ADDRESS | 1941 OAKLAND PARK DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LITTLETON, GREG | | 2.2 NAME | | |
| STREET ADDRESS | 1838 STATE RD 60-E | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SALUD, VIOLETA | | 3.2 NAME | | |
| STREET ADDRESS | 1 WEST CENTRAL AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WALES FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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:** Edward Ethington **REQUIRED** — 2/17/99 — 941-676-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #