

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90057 050 ****61.25

DOCUMENT # 720610

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



40000001

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

Mailing Address
**340 WEST CENTRAL AVE.
P. O. BOX 191
LAKE WALES, FL 33859-7191**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0324245

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANZ, DONNA
340 WEST CENTRAL AVE.
LAKE WALES, FL 33853**

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

Donna Franz, Executive Director

4.4.05

Signature, typed or printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☐ Delete
NAME **FRANZ, DONNA**
STREET ADDRESS **100 EL CAMINO DR UNIT B11**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☒ Change ☐ Addition
NAME **Franz-Gabriel, Donna**
STREET ADDRESS **200 Elcamino Dr. #104**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **PD** ☐ Delete
NAME **HILL, BETTY**
STREET ADDRESS **440 S. AIRPORT ROAD**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☒ Change ☐ Addition
NAME **Hill, Betty**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **HORNE, CLINTON**
STREET ADDRESS **230 B STREET**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MILLER, GERALD**
STREET ADDRESS **197 E. MOUNTAIN LAKE CUT-OFF ROAD**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☒ Change ☐ Addition
NAME **PD Miller, Gerald**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **HOWARD, KAY**
STREET ADDRESS **815 E. STATE ROAD 60**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **MILLER, GERALD**
STREET ADDRESS **197 E. MOUNTAIN LAKE CUT-OFF RD.**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE ☐ Change ☒ Addition
NAME **TD Armstrong, James**
STREET ADDRESS **29 St. Rd 60 W**
CITY-ST-ZIP **LAKE WALES, FL 33853**

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Franz, Executive Director

4.4.05 863-676-3485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #