

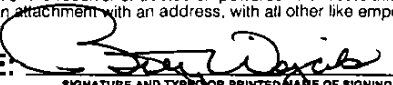


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90065 001 \*\*\*\*61.25

<b>DOCUMENT # 720610</b> 1. Entity Name <b>LAKE WALES AREA CHAMBER OF COMMERCE, INC</b>					
Principal Place of Business <b>340 WEST CENTRAL AVE. P. O. BOX 191 LAKE WALES, FL 33859-7191</b>			Mailing Address <b>340 WEST CENTRAL AVE. P. O. BOX 191 LAKE WALES, FL 33859-7191</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		400~  	
City & State  Zip      Country		City & State  Zip      Country		01162008    Chg-NP      CR2E037 (12/06)	
4. FEI Number <b>59-0324245</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>WOJCIK, BETTY 340 WEST CENTRAL AVE. LAKE WALES, FL 33859</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PE</b> <b>WARMANOREDMON, WENDY</b> <input type="checkbox"/> Delete <b>P.O. BOX 766</b> <b>LAKE WALES, FL 338590766</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Past President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Warman-Redmon, Wendy</b> <b>P.O. Box 766</b> <b>Lake Wales, FL 33859-0766</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <input type="checkbox"/> Delete <b>BACCUS, CHEVON</b> <b>343 W. CENTRAL AVE #105</b> <b>LAKE WALES, FL 33853</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Baccus, Chevon</b> <b>P.O. Box 3400</b> <b>Lake Wales, FL 33859-3400</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <input checked="" type="checkbox"/> Delete <b>MILLER, GERALD</b> <b>197 E. MOUNTAIN LAKE CUT-OFF ROAD</b> <b>LAKE WALES, FL 33853</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice-President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gerrara, Paul</b> <b>300 W. Central Ave.</b> <b>Lake Wales, FL 33853</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>ARMSTRONG, JAMES</b> <b>29 ST. RD 60 W</b> <b>LAKE WALES, FL 33853</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <input type="checkbox"/> Delete <b>MOTIS, LAURA</b> <b>1001 BURNS AVE</b> <b>LAKE WALES, FL 33853</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Motis, Laura</b> <b>P.O. Box 825</b> <b>Babson Park FL 33827</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>SEAY, JULIE</b> <b>247 E STUART AVE</b> <b>LAKE WALES, FL 33853</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ellis Hunt, Jr.</b> <b>P.O. Box 631</b> <b>Lake Wales FL 33859</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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>Betty Wojcik</b> 1/17/08    863-676-3445 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					