2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90065 001 ****61.25

1. Entity Name LAKE WALES AREA CHAMBER OF COMMERCE,INC					կսչ	, ~			
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					ili oliki altıl bil		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State			4. FEI Number 59-032				plied For t Applicable
Zip Country		Zip -			5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		lame	7. Name and	Address of New	Registered /	Agent	
WOJCIK, BETTY 340 WEST CENTRAL AVE. LAKE WALES, FL 33859				Name Street Address (P.O. Box Number is Not Acceptable)					
			C	City			FL	Zip Code	e
	named entity submits this statement fo ons of registered agent.	or the purpose of changing	g its registered o	office or registe	red agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE _						··			
	Signature, typed or printed name of registered agent	and title il applicable.	(NOTE: Registered Age	ent signature require	ed when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election	(NOTE: Registered Age Campaign Finar Ind Contribution.	ncing	\$5.00 May B Added to Fees	-	Make chec	k payable to tment of St	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Trust Fo	Campaign Finar	neing	\$5.00 May B Added to Fees	ANGES TO OFFIC	Make chec orida Depar	tment of St	tate
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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 eath; 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: