


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 015 ****61.25

DOCUMENT # 730824 1. Entity Name BELLE GLADE CHAMBER OF COMMERCE, INC.					
Principal Place of Business 540 SOUTH MAIN STREET BELLE GLADE, FL 33430				Mailing Address 540 SOUTH MAIN STREET BELLE GLADE, FL 33430	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0693260	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUNTING, BRENDA A 540 SOUTH MAIN STREET BELLE GLADE, FL 33430				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P PIERSON, TOM 617 SE 12TH ST BELLE GLADE, FL 33430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rita Schoenfeld 400 Gator Blvd Belle Glade, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V SCHOENFELD, RITA 400 GATOR BLVD BELLE GLADE, FL 33430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth Lutz 301 NW Ave C Belle Glade, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KAREN, CORBIN 148 SE 5TH ST BELLE GLADE, FL 33430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Wheeler 108 SE Ave D Belle Glade, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIPP, ASHLEY 1233 NW AVI.L BELLE GLADE, FL 33430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joanne Deaton PO Box 35 Belle Glade, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, MIKE 108 SE AVI D BELLE GLADE, FL 33430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leigh Woodham 1977 College Drive Belle Glade, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BUNTING, BRENDA 540 SOUTH MAIN STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
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.					
SIGNATURE: <u>Brenda Bunting</u> Brenda Bunting, ED 1-7-08 561-996-2745 <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #</small>					