

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90300 042 ****61.25

DOCUMENT # 755582

1. Entity Name

THE WINTER HAVEN CHAMBER FOUNDATION, INC.



Principal Place of Business

401 AVE. B, NW
WINTER HAVEN FL 33881

Mailing Address

P.O. BOX 1420
WINTER HAVEN FL 33882-1420

94049109



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2126237

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

GERNERT, JR., BOB
401 AVENUE B, NW
WINTER HAVEN FL 33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TINSLEY, SERETHA ☐ Delete
111 AVE R NE
WINTER HAVEN FL 33881

☐ Change ☐ Addition

MCASHAN, VAUGHN ☐ Delete
11 5TH ST SW
WINTER HAVEN FL 33880

☒ Change ☐ Addition

BERNERT, BOB ☐ Delete
PO BOX 1420
WINTER HAVEN FL 33882

☐ Change ☐ Addition

GRAY, JOHN JR ☐ Delete
PO BOX 2239
WINTER HAVEN FL 33883-2239

☒ Change ☐ Addition

☐ Delete

☐ Change ☒ Addition
Debbie Harsh
P.O. Box 7379
Winter Haven, FL

☐ Delete

☐ Change ☒ Addition
Bonnie Parker
PO Box 32036
Lakeland, FL 33801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #