

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90114 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

50026209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TINSLEY, SERETHA	
STREET ADDRESS	111 AVE R NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCASHAN, VAUGHN	
STREET ADDRESS	11 5TH ST SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNERT, BOB	
STREET ADDRESS	PO BOX 1420	
CITY-ST-ZIP	WINTER HAVEN FL 33882	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRAY, JOHN JR	
STREET ADDRESS	PO BOX 2239	
CITY-ST-ZIP	WINTER HAVEN FL 33883-2239	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARSH, DEBBIE	
STREET ADDRESS	PO BOX 7379	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, BONNIE	
STREET ADDRESS	PO BOX 32036	
CITY-ST-ZIP	LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry, Stephen	
STREET ADDRESS	56414 ST NW Suite 204	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koch, Kathryn	
STREET ADDRESS	PO BOX 468	
CITY-ST-ZIP	Lakeland, FL 33802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gray, John Jr	
STREET ADDRESS	PO BOX 2239	
CITY-ST-ZIP	Winter Haven, FL 33883-2239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Bonnie	
STREET ADDRESS	PO BOX 32036	
CITY-ST-ZIP	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 #