FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:01

DOCUMENT # 765960 (0)

1. Corporation Name
WINTER HAVEN AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
401 AVE B NW WINTER HAVEN FL 33881-4606	401 AVE B NW WINTER HAVEN FL 33881-4606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-0514473 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIS, JOYCE B
401 AVE B NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DOTY, WILLIAM	1.2 NAME		
STREET ADDRESS	299 SIXTH ST., SW	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	CRISS, CHARLES	2.2 NAME		
STREET ADDRESS	672 WAKULLA DR, SE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	3.1 TITLE	V	☐ Change ☒ Addition
NAME	MCASHAN, VAUGHN	3.2 NAME	WEST, GENE	
STREET ADDRESS	11 FIFTH STREET SW	3.3 STREET ADDRESS	201 MAGNOLIA AVE., SW	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	P	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STRAUGHN, RICHARD	4.2 NAME		
STREET ADDRESS	255 MAGNOLIA AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	T	5.1 TITLE		☒ Change ☐ Addition
NAME	KOCHER, CARL	5.2 NAME		
STREET ADDRESS	290 CYPRESS GARDENS ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	6.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, JOYCE B.	6.2 NAME		
STREET ADDRESS	401 AVE., B NW	6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000	6.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce B. Davis 1/19/95 813/293-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018283