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 15 PM 3:16

DOCUMENT # N00930 (0)

1. Corporation Name
EAGLE LAKE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
45 4TH STREET, SOUTH P. O. BOX 1588 EAGLE LAKE FL 33839-1588	45 4TH STREET, SOUTH P. O. BOX 1588 EAGLE LAKE FL 33839-1588

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1984
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-3172678 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

CHURCH, HARRY A.
133 POE DRIVE, SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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	T	1.1 TITLE	T	☒ Change ☐ Addition
NAME	HASKINS, PATTY	1.2 NAME	Wallace, Patty	
STREET ADDRESS	121 GROVE DR.	1.3 STREET ADDRESS	700 Huckleberry Road	
CITY-ST-ZIP	LAKE HAMILTON FL	1.4 CITY-ST-ZIP	Davenport, FL 33837	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CHURCH, SKIP	2.2 NAME		
STREET ADDRESS	133 POE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	CULPEPPER, LINDA	3.2 NAME	BARNHILL, ARLENE	
STREET ADDRESS	4905 LIBERTY LANE	3.3 STREET ADDRESS	105 St. Rd. 559	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	MAITLAND, GARY	4.2 NAME		
STREET ADDRESS	650 6TH STREET, SW	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	V	☒ Change ☐ Addition
NAME	COSCIA, BECKY	5.2 NAME	WRIGHT, JEFF	
STREET ADDRESS	351 HWY 17 SOUTH	5.3 STREET ADDRESS	201 LAUREL COVE WAY, SE	
CITY-ST-ZIP	EAGLE LAKE FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BURR, VERNON	6.2 NAME		
STREET ADDRESS	391 3RD ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	EAGLE LAKE FL	6.4 CITY-ST-ZIP		

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: Patt Wallace Pat Wallace 2-10-95 813 324 4330
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007707