

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00930 (0)
1. Corporation Name
EAGLE LAKE AREA CHAMBER OF COMMERCE, INC.



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

Mailing Address
**45 4TH STREET, SOUTH
P. O. BOX 1588
EAGLE LAKE FL 33839-1588**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1984		3a. Date of Last Report 02/15/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3172678		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		000001744110 -03/15/96--01020--031
84	City	***61.25 FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T-Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, PATTY	1.2 NAME	Proffitt, Carol
STREET ADDRESS	700 HUCKLEBERRY ROAD	1.3 STREET ADDRESS	595 Cypress Gardens Blvd.
CITY-ST-ZIP	DAVENPORT FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	ExD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, SKIP	2.2 NAME	Church, Skip
STREET ADDRESS	133 POE DRIVE	2.3 STREET ADDRESS	133 Poe Drive
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHILL, ARLENE	3.2 NAME	Coco, Anna
STREET ADDRESS	105 STATE ROAD 559	3.3 STREET ADDRESS	1101 First Street South
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAITLAND, GARY	4.2 NAME	Wright, Jeff
STREET ADDRESS	650 6TH STREET, SW	4.3 STREET ADDRESS	401 S Missouri Ave.
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP - Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JEFF	5.2 NAME	Meyer, Jennifer
STREET ADDRESS	201 LAUREL COVE WAY, SE	5.3 STREET ADDRESS	360 6th St, SW
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	1-VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, VERNON	6.2 NAME	Vandiver, Jeff
STREET ADDRESS	391 3RD ST.	6.3 STREET ADDRESS	5665 Cypress Gardens Blvd.
CITY-ST-ZIP	EAGLE LAKE FL	6.4 CITY-ST-ZIP	Winter Haven, FL 33884

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)(k), 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:

Carol Proffitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Proffitt

1/18/96
Date

941-299-3164
Daytime Phone #

CR2E037 (12/95)

3/14/96

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