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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

84 City

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

Harry A. Church

4/10/97

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	PROFFITT, CAROL	
STREET ADDRESS	595 CYPRESS GARDENS BLVD.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	EXD	<input type="checkbox"/> DELETE
NAME	CHURCH, SKIP	
STREET ADDRESS	133 POE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COCO, ANNA	
STREET ADDRESS	1101 FIRST STREET SOUTH	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, JEFF	
STREET ADDRESS	401 S MISSOURI AVENUE	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, JENNIFER	
STREET ADDRESS	380 8TH STREET SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	1VP	<input checked="" type="checkbox"/> DELETE
NAME	VANDIVER, JEFF	
STREET ADDRESS	5665 CYPRESS GARDENS BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vandiver, Jeff	
1.3 STREET ADDRESS	5665 Cypress Gardens Blvd	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
2.1 TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Weeder, David	
2.3 STREET ADDRESS	PO Box 1606/Bartow Air Base	
2.4 CITY-ST-ZIP	Bartow, FL 33830	
3.1 TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sherman-Schmidt, Lorelee	
3.3 STREET ADDRESS	400 Crystal Beach Rd	
3.4 CITY-ST-ZIP	Eagle Lake, FL 33839	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Coco, Anna	
4.3 STREET ADDRESS	1101 1st St S	
4.4 CITY-ST-ZIP	Winter Haven, FL 33880	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Browning, Barbara	
5.3 STREET ADDRESS	785 Lake Ave E	
5.4 CITY-ST-ZIP	Eagle Lake, FL 33839	
6.1 TITLE	PAST P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Maitland, Gary	
6.3 STREET ADDRESS	650 6th St SW	
6.4 CITY-ST-ZIP	Winter Haven, FL 33880	

14. I do 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 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.

David Weeder, (841) 533-2500

CR2E037 (9/96)