

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009907

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** FROSTPROOF CHAMBER FOUNDATION, INC.

**Current Principal Place of Business:**

2 WALL STREET  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

2 WALL STREET  
FROSTPROOF, FL 33843

**New Mailing Address:**

**FEI Number:** 59-6151189      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARMON, JIM  
2 E WALL STREET  
FROSTPROOF, FL 33843      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HARMON, JIM  
Address: 2 E WALL STREET  
City-St-Zip: FROSTPROOF, FL 33843

Title: D      ( ) Delete  
Name: GRIFFIN, BEN HILL IV  
Address: 700 SCENIC HWY  
City-St-Zip: FROSTPROOF, FL 33843

Title: D      ( ) Delete  
Name: HOOD, LISA  
Address: 2 WALL STREET  
City-St-Zip: FROSTPROOF, FL 33843

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: WALSH,, MEOLDY  
Address: 2 WALL STREET  
City-St-Zip: FROSTPROOF, FL 33843

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM HARMON

D

07/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date