2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000008237

Entity Name: LEHIGH ACRES CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

4109 LEE BOULEVARD
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

4109 LEE BOULEVARD
LEHIGH ACRES, FL 33971

New Mailing Address:

P.O. BOX 757
LEHIGH ACRES, FL 33970

FEI Number: 26-0752965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONOVER, OLIVER B
4109 LEE BOULEVARD
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

WHALEN, JOSEPH L
4109 LEE BOULEVARD
LEHIGH ACRES, FL 33971 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: JOSEPH L. WHALEN 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONOVER, OLIVER B
Address: 4109 LEE BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: TURBEVILLE, RICHARD
Address: 516 LAKE AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete
Name: MCDONALD, ROSINA
Address: 904 LEE BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete
Name: ELLIOTT, FRED
Address: 1400 HOMESTEAD ROAD NORTH
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WHALEN, JOSEPH L
Address: 4109 LEE BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33971

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

Title: D (X) Change ( ) Addition
Name: THOMPSON, RICHARD
Address: 704 LEELAND HTS BLVD W., SUITE A
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Change ( ) Addition
Name: MAKOWSKI, KAREN
Address: 50 JOEL BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

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: JOSEPH L. WHALEN D 04/29/2009
Electronic Signature of Signing Officer or Director Date