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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08638** **(1)**

1. Corporation Name

GLADES COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
U.S. HIGHWAY 27 AND TENTH STREET PO BOX 490 MOORE HAVEN FL 33471	U.S. HIGHWAY 27 AND TENTH STREET PO BOX 490 MOORE HAVEN FL 33471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1985
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-0520424 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip * / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMELLEY, SUSAN
215 10TH STREET
MOORE HAVEN FL 33471

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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HERRINGTON, JAMES	12 NAME	FENTRESS,SUSAN	
STREET ADDRESS	RT. 2, BOX 633	13 STREET ADDRESS	RT. 2, BOX 420	
CITY-ST-ZIP	MOORE HAVEN FL 33471	14 CITY-ST-ZIP	LAKEPORT,FL. 33471	
TITLE	VD	21 TITLE	VD	X Change ☐ Addition
NAME	FENTRESS, SUSAN	22 NAME	PERRY,CARL	
STREET ADDRESS	RT. 2 BOX 420	23 STREET ADDRESS	640 WESTERN DRIVE	
CITY-ST-ZIP	LAKEPORT FL	24 CITY-ST-ZIP	MOORE HAVEN,FL. 33471	
TITLE	SD	31 TITLE	SD	X Change ☐ Addition
NAME	BAXTER, CATHY	32 NAME	BAKICH,YVONNE	
STREET ADDRESS	499 5TH ST.	33 STREET ADDRESS	10BASS-ST-BHR-	
CITY-ST-ZIP	MOORE HAVEN FL	34 CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	41 TITLE	TD	XX Change ☐ Addition
NAME	HOUGH, MAXINE	42 NAME	ALLISON,DIANA	
STREET ADDRESS	PONY PLACE LOT 11	43 STREET ADDRESS	RT 2 BOX 650	
CITY-ST-ZIP	MOORE HAVEN FL	44 CITY-ST-ZIP	LAKEPORT FL 33471	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	FRY, CURTIS S.	52 NAME	FRY,CURTIS S.	
STREET ADDRESS	111 SAN BENITO	53 STREET ADDRESS	111 SAN BENITO	
CITY-ST-ZIP	CLEWISTON FL 33471	54 CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	61 TITLE	D	X Change ☐ Addition
NAME	GIESLER, ROBERT	62 NAME	SMELLEY,JAMES JR	
STREET ADDRESS	37 LINDA ROAD	63 STREET ADDRESS	215 10TH ST	
CITY-ST-ZIP	OKEECHOBEE FL	64 CITY-ST-ZIP	MOORE HAVEN FL 33471	

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: Susan E. Fentress 4/4/95 8139460440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN E. FENTRESS

0081378