

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N08638

1. Corporation Name

GLADES COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

U.S. HIGHWAY 27 AND TENTH STREET  
PO BOX 490  
MOORE HAVEN FL 33471

Mailing Address

P.O. BOX 490  
MOORE HAVEN FL 33471  
US

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90067 034 \*\*\*\*61.25

1 3 2 8 5 2  
\* 1 132052 90067 34 2 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

04/11/1985

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

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 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

TITLE VD  
NAME HERRINGTON, JIM  
STREET ADDRESS 280 WESTERN DR  
CITY-ST-ZIP MOORE HAVEN FL ☐ DELETE

TITLE PD  
NAME PERRY, CARL  
STREET ADDRESS 950 WESTERN DR SW  
CITY-ST-ZIP MOORE HAVEN FL ☐ DELETE

TITLE SD  
NAME LEE, TAMMIE  
STREET ADDRESS 40 CYPRESS AVE  
CITY-ST-ZIP MOORE HAVEN FL ☐ DELETE

TITLE TD  
NAME CRISWELL, LEEANNE R  
STREET ADDRESS 226 OLETA LN SE  
CITY-ST-ZIP MOORE HAVEN FL ☐ DELETE

TITLE D  
NAME FRY, CURTIS  
STREET ADDRESS 111 SAN BENITO  
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

TITLE D  
NAME SMELLEY, JAMES JR.  
STREET ADDRESS 215 10TH ST.  
CITY-ST-ZIP MOORE HAVEN FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME LEE, TAMMIE  
1.3 STREET ADDRESS 40 CYPRESS AVE  
1.4 CITY-ST-ZIP MOORE HAVEN FL 33471

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME FRY, CURTIS  
2.3 STREET ADDRESS 111 SAN BENITO  
2.4 CITY-ST-ZIP CLEWISTON FL 33440

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME FRY, SUSAN  
3.3 STREET ADDRESS 111 SAN BENITO  
3.4 CITY-ST-ZIP CLEWISTON FL 33440

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME HERRINGTON, JIM  
4.3 STREET ADDRESS 280 WESTERN DR  
4.4 CITY-ST-ZIP MOORE HAVEN FL 33471

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME PERRY, CARL  
5.3 STREET ADDRESS 950 WESTERN DR SW  
5.4 CITY-ST-ZIP MOORE HAVEN FL 33471

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME SMELLEY, JAMES JR.  
6.3 STREET ADDRESS 215 10TH ST  
6.4 CITY-ST-ZIP MOORE HAVEN FL 33471

14. I 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, with all other like empowered.

SIGNATURE: *Susan Smelley* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99 941 946 0440

CR2E037 (11/98)

0046688