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 APR 19 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21076 (7)

1. Corporation Name
ENGLEWOOD AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
601 S INDIANA AVE ENGLEWOOD FL 34223-3709 US	601 S INDIANA AVE ENGLEWOOD FL 34223-3709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1987
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-0876627 ☐ 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 (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

RUST PIERCE, LINDA
601 SOUTH INDIANA AVENUE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	CD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MCLENNON, THOMAS P	1.2 NAME	SMITH, DOUG	
STREET ADDRESS	350 S INDIANA AVE	1.3 STREET ADDRESS	1908 S MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FELLIN, JOHN J.	2.2 NAME		
STREET ADDRESS	565 PAUL MORRIS DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	TALIAFERRO, W. DUKE	3.2 NAME	HANEWINCKEL, DEAN	
STREET ADDRESS	6180 MANASOTA KEY RD	3.3 STREET ADDRESS	260 W DEARBORN STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	HYDE, WILLIAM H	4.2 NAME	VERNA, JO-ANN	
STREET ADDRESS	1111 S MCCALL RD	4.3 STREET ADDRESS	3070 S MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	4.4 CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WIEGMAN, JOHN R DR	5.2 NAME		
STREET ADDRESS	1445 PIATTI DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	T	☒ Change ☐ Addition
NAME	TRAVERSO, PETER G	6.2 NAME	REDOVAN, ROSE M	
STREET ADDRESS	3725 CAPE HAZE DR	6.3 STREET ADDRESS	80 W DEARBORN STREET	
CITY-ST-ZIP	CAPE HAZE FL 33946	6.4 CITY-ST-ZIP	ENGLEWOOD FL 34223	

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: Jo-Ann Verna Jo-Ann Verna, Chairman of the Board 4/13/95 475-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018088