## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N21076

(7)

## ENGLEWOOD AREA CHAMBER OF COMMERCE, INC.

2,10,22		<b>2</b>				
Principal Place of Business Mailing Address					( INDINIAL DIN HABIT HIGH DELIK JOBIN DI	il Malia Manai danus manta padan danan Idda
601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US		601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US				
00					3. Date Incorporated or Qualified 06/09/1987	3a. Date of Last Report 04/19/1995
2. Principal Pla 21	ace of Business	2a. Malling Address			4. FEI Number 59-0876627	Applied For Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			b. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
<b>23</b> Zip	Country	28 Zip	Countr	······································		
24	25	29 30		•	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes	
	9. Name and Address of Current	10. Name and Address of New Reg	istered Agent			
				Name		
RUST PIERCE, LINDA			82	Street Address (P.O. Box Number is Not Acceptable)		
601 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223			83	<del> </del>		
ENGLEW	1000 FL 34223			<u> </u>		
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,050? 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. Thereby accept the appointment as registered agent. I am						
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Linda Rust Pierce, Executive Director Mulatyust fillure //09/96 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent and Agent agriculture Acquired when reinstants).  DATE						
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	sqt signalure./o	quired when reinstatipg):  ADDITIONS/CHANGES TO OFFICE	DATE / / / / / / / / / / / / / / / / / / /
TITLE	D	DELETE	1.1 TITLE		V	Change Addition
NAME	SMITH, DOUG	_	1 2 NAME		SMITH, DOUG	
STREET ADDRESS	1908 S. MCCALL ROAD		1.3 STREE	T ADDRESS	1908 S. MCCALL ROAL	D
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-	ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	□DELETE	21 TITLE			Change Addition
NAME	FELLIN, JOHN J.		2.2 NAME	1		
STREET ADDRESS	565 PAUL MORRIS DRIVE			T ADDRESS		
CITY-ST-ZIP TITLE	ENGLEWOOD FL 34223 D	TOELÉTE	2.4 CITY 3.1 TITLE			Change Addition
NAME	HANEWINCKEL, DEAN	Д	3 2 NAME		P HANEWINCKEL, DEAN	AA
STREET ADDRESS	260 W. DEARBORN ST		3.3 STREE	ET ADDRESS	2800 PLACIDA ROAD,	SUITE 110
CrTY-ST-ZIP	ENGLEWOOD FL		3.4. CITY	-ST-ZIP	ENGLEWOOD FL 34224	
Trile	CD	DELETE	4.1 TITLE		D	Change 🔲 Addition
NAME	VERNA, JO-ANN	:	4. 2 NAM		VERNA, JO-ANN	
STREET ADDRESS	3070 S. MCCALL ROAD			ET ADDRESS	3070 S. MCCALL ROAL	)
CITY-\$T-ZIP	ENGLEWOOD FL D	DELETE	44 CITY- 51 TITLE		ENGLEWOOD FL 34224	☐ Change ☐ Addition
TITLE NAME	WIEGMAN, JOHN R DR	Detecte	5.2 NAME			
STREET ADDRESS	1445 PIATTI DR			ET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		5.4 CITY			
TITLE	<b>T</b>	DELETE	6.1 TITLE		Т	Change X Addition
NAME	REDOVAN, ROSE M		6.2 NAME	:	REDOVAN, ROSE M	
STREET ADDRESS	80 W. DEARBORN ST		63STRE	ET ADDRESS	80 W. DEARBORN ST	
CITY-ST-ZIP	ENGELWOOD FL	tall also file also the death of the second	6.4 CITY	-ST-ZIP	ENGLEWOOD FL 34223	7(2)(b) Florido Statudos I further

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)(k), 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 cath; that I am an officer or director of the corporation or the receiver or to stee 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 of on an attachment with an address.

SIGNATURE:

\*\*President\*\* 1/29/96\*\*

\*\*Description\*\*

\*\*Descri

2F037 (12/95)