FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N21076

ENGLEWOOD AREA CHAMBER OF COMMERCE, INC.

Principal Place	e of Business	Mailing Address			
Principal Place of Business		•		*	
601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US		601 S INDIANA AVE ENGLEWOOD FL 34223-3705 US			
					10-0-4
				3. Date Incorporated or Qualified 06/09/1987	3a. Date of Last Report 02/07/1996
2. Principal Pl	ace of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21		26		59-0876627	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		F 0 - 27 - 1 - 1 - 2 - 1	\$8.75 Additional
2227		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Current	29 3 4 2 2 3 - 3 7 8 8 3	10	Florida Statutes 10. Name and Address of New Re	Yes X No
	9. Name and Address of Corrent	Hagisterad Agent	81 Name	10. Name and Address of New A	egistered Agent
. DUAT D	FRAT INIDA		OT TABLE	·	
RUST PIERCE, LINDA			82 Street	Address (P.O. Box Number is Not Accepta	ble)
601 SOUTH INDIANA AVENUE ENGLEWOOD FL 34223			83		
ENGLE	1000 FL 34223				
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named of				corporation submits this statement for the	purpose of changing its registered
office or registered agent, or both, in the State of Fiorda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia, with, and accept the appointment as registered agent. I am familia, with, and accept the					
SIGNATURE	Sintakin	HALIBROLLIN	nda Rust	Pierce, Executive D	Director 1/3/97
	argnature typed or printed name of registered agent	and trie if applicable (NOTE:	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	V	X DELETE	1.1 TITLE	T COLUMN D COURSE	Change 🔀 Addition
NAME	SMITH, DOUG		1.2 NAME	GRATIA D SCHROEDER	
STREET ADDRESS	1908 S. MCCALL ROAD		1.3 STREET ADDRESS	1101 S MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	T britte	1.4 CITY - ST - ZiP	ENGLEWOOD FL 34223	Channe Madding
TITLE	D FELLIN TOUNT)	☐ DÉLETE	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	XI DELETE	2. 4 CITY-ST-2IP 3.1 TITLE	P	Change X Addition
TITLE	•	Deterit		-	Li Diange Li Addition
NAME	HANEWINCKEL, DEAN 2800 PLACIDA ROAD, SUITE	110	3.2 NAME	NITA K EDMONDSON	
STREET ADDRESS	ENGLEWOOD FL	110	3 3 STREET ADDRESS	700 MEDICAL BLVD	
CITY-ST-ZIP		X DELETE	3.4. CITY+ST-ZIP	ENGLEWOOD FL 34223	Change X Addition
TITLE	D Verna, Jo-ann	ST DETELE	4.1 TITLE	D DORIAN J POPESCU	Charles 22 Addition
NAME	3070 S. MCCALL ROAD		4. 2 NAME	2100 S TAMIAMI TRA	тт.
STREET ADDRESS	ENGLEWOOD FL		4.3 STREET ADDRESS	VENICE FL 34293	* "
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	VENICE FR 34293	Change Addition
TITLE	d Wiegman, John R dr	E precit			C Ontaige C Modition
NAME ATTEST (ARTSON	1445 PIATTI DR		5.2 NAME		
STREET ADDRESS	PORT CHARLOTTE FL 33948		5.3 STREET ADDRESS		
CITY-ST-ZIP	T T	X DELETE	5.4 CITY-ST-ZIP	v	Change X Addition
TITLE	REDOVAN, ROSE M	IV DETEIL	6.1 TITLE	· ·	Consulter FOR MODITION
NAME .	NEUUYAN, NUOE M		6.2 NAME	SHELLI HAZELTINE	

14. I do 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.

6.3 STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

80 W. DEARBORN ST

STREET ADDRESS

Gratia D. Schroeder, Treasurer, 1/3/97(941)474-43 3

2200 KINGS HIGHWAY

FILED

Jan 15 1997 8:00am

Secretary of State