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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21076** (7)
1. Corporation Name
ENGLEWOOD AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business 601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US	Mailing Address 601 S INDIANA AVE ENGLEWOOD FL 34223-3788 US
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3. Date Incorporated or Qualified 06/09/1987	Applied For ☐	Not Applicable ☐
4. FEI Number 59-0876627		
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Linda Rust Pierce* **Linda Rust Pierce, Executive Director** 1/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	T ☐ DELETE
NAME	SCHROEDER, GRATIA D
STREET ADDRESS	1101 S MCCALL ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D ☒ DELETE
NAME	FELLIN, JOHN J.
STREET ADDRESS	565 PAUL MORRIS DRIVE
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	P ☒ DELETE
NAME	EDMONDSON, NITA K
STREET ADDRESS	700 MEDICAL BLVD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D ☐ DELETE
NAME	POPESCU, DORIAN J
STREET ADDRESS	2100 S TAMAMI TRAIL
CITY-ST-ZIP	VENICE FL
TITLE	D ☒ DELETE
NAME	WIEGMAN, JOHN R DR
STREET ADDRESS	1445 PIATTI DR
CITY-ST-ZIP	PORT CHARLOTTE FL 33948
TITLE	V ☐ DELETE
NAME	HAZELTINE, SHELLI
STREET ADDRESS	2200 KINGS HIGHWAY
CITY-ST-ZIP	PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T/D ☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	3 4 2 2 3
2.1 TITLE	V/D ☐ Change ☒ Addition
2.2 NAME	Stephens, Herb
2.3 STREET ADDRESS	4212 North Access Road, # B
2.4 CITY-ST-ZIP	Englewood, FL 34224
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	Flatt, Wayne
3.3 STREET ADDRESS	51 Bay Heights West
3.4 CITY-ST-ZIP	Englewood, FL 34223
4.1 TITLE	P/D ☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	# B
4.4 CITY-ST-ZIP	3 4 2 9 3
5.1 TITLE	D ☐ Change ☒ Addition
5.2 NAME	Hanewinckel, Dean
5.3 STREET ADDRESS	2800 Placida Road, #110
5.4 CITY-ST-ZIP	Englewood, FL 34224
6.1 TITLE	D ☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	296 Harvard Drive
6.4 CITY-ST-ZIP	Venice, FL 34293

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.

SIGNATURE: *Dorian J. Popescu* **Dorian J. Popescu** 1/14/98

CR2E037 (10/97)