

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32683** (7)
1. Corporation Name
GREATER LAKE PLACID CHAMBER OF COMMERCE, INC.

800001812618
-05/08/96--01012--022
***61.25



Principal Place of Business: **10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852**
Mailing Address: **10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852**

3. Date Incorporated or Qualified: **06/06/1989**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-1026434**
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**
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**
City & State: **27**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
LOWMAN
~~LOWMAN, JOE P~~
10 E. INTERLAKE BLVD.
LAKE PLACID FL 33852
Correction

10. Name and Address of New Registered Agent
81 Name: **LOWMAN, JOEL P**
82 Street Address (P.O. Box Number is Not Acceptable): **10 E. Interlake Blvd.**
83
84 City: **LAKE PLACID** FL 85 Zip Code: **33852**

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: *Joel P. Lowman* **Joel P. Lowman** **APR 16, 1996**
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 | P | <input checked="" type="checkbox"/> DELETE |
| NAME | JOHNSON, JOE | |
| STREET ADDRESS | 1210 US 27 NORTH | |
| CITY-ST-ZIP | LAKE PLACID FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | SHIRLEY, TOM | |
| STREET ADDRESS | 705 US 27 NORTH | |
| CITY-ST-ZIP | LAKE PLACID FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | VELEY, DAVID | |
| STREET ADDRESS | 421 CENTRAL AVE. | |
| CITY-ST-ZIP | LAKE PLACID FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | CHANDLER, JOANN | |
| STREET ADDRESS | 2 INTERLAKE BLVD. | |
| CITY-ST-ZIP | LAKE PLACID FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | COMPTON, SUSAN | |
| STREET ADDRESS | 518 US 27 S | |
| CITY-ST-ZIP | LAKE PLACID FL | |
| TITLE | ED | <input checked="" type="checkbox"/> DELETE |
| NAME | LOWMAN, JOEL P | |
| STREET ADDRESS | 10 E. INTERLAKE BLVD. | |
| CITY-ST-ZIP | LAKE PLACID FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | President - D |
| 1.3 STREET ADDRESS | veley, David |
| 1.4 CITY-ST-ZIP | 421 Central Ave. |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | First Vice-president - D |
| 2.3 STREET ADDRESS | Chandler, JoAnn |
| 2.4 CITY-ST-ZIP | 2 Interlake Blvd |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Second Vice-President - D |
| 3.3 STREET ADDRESS | Russell, Melissa |
| 3.4 CITY-ST-ZIP | 849 US Hwy 27 South |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Treasurer - D |
| 4.3 STREET ADDRESS | Yates, Michelle |
| 4.4 CITY-ST-ZIP | 123 US Hwy 27 South |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Secretary - D |
| 5.3 STREET ADDRESS | Compton, Susan |
| 5.4 CITY-ST-ZIP | 518 US Hwy 27 South |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Executive Director |
| 6.3 STREET ADDRESS | Lowman, Joel |
| 6.4 CITY-ST-ZIP | 10 E. Interlake Blvd |

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 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: *Joel P. Lowman* **Joel P. Lowman** **APR 16, 1996** (941) 465-4331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)