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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32683

1. Corporation Name

GREATER LAKE PLACID CHAMBER OF COMMERCE, INC.

Principal Place of Business

10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852

Mailing Address

10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852



2. Principal Place of Business

21 18 N. Oak Street

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 18 N. Oak Street

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/06/1989

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

9. Name and Address of Current Registered Agent

LOWMAN, JOEL P  
10 E. INTERLAKE BLVD.  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
18 N. Oak Street

83

84 City

FL

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

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 PD  DELETE

NAME YATES, MICHELLE  
STREET ADDRESS 847 US HWY 27 S  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE D  DELETE

NAME HERNANDEZ, HECKOR  
STREET ADDRESS 216 N. MAIN ST  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VPD  DELETE

NAME NIELANDER, BILL  
STREET ADDRESS 3979 PLACID VEIW DR.  
CITY-ST-ZIP LAKE PLACID FL

TITLE EX/D  DELETE

NAME LOWMAN, JOEL P  
STREET ADDRESS 10 E. INTERLAKE BLVD.  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME PD  
1.3 STREET ADDRESS Kathy Schroeder  
242 Central Ave.  
1.4 CITY-ST-ZIP Lake Placid, FL. 33852

2.1 TITLE VPD  Change  Addition

2.2 NAME John Tallent  
2.3 STREET ADDRESS 7 Lykes Road  
2.4 CITY-ST-ZIP Lake Placid, FL. 33852

3.1 TITLE SD  Change  Addition

3.2 NAME Jan Hanei  
3.3 STREET ADDRESS 133 myrtle Bush Lane  
3.4 CITY-ST-ZIP Venus, FL. 33960-2364

4.1 TITLE TD  Change  Addition

4.2 NAME Sonny Stalls  
4.3 STREET ADDRESS P.O. Box 1317  
4.4 CITY-ST-ZIP Lake Placid, FL. 33862

5.1 TITLE Ex/O  Change  Addition

5.2 NAME Joel P. Lowman  
5.3 STREET ADDRESS 18 N. Oak Street  
5.4 CITY-ST-ZIP Lake Placid, FL. 33852

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 941-465-4331

CR2E037 (11/98)