

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 07 1997 8:00am  
Secretary of State

DOCUMENT # N37095 (9)

1. Corporation Name

SOUTH LAKE CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

691 W. MONTROSE STREET  
CLERMONT FL 34712

P.O. BOX 120417  
CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1990 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number 59-0573859 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNN, W. SCOTT  
145 E BROAD ST  
GROVELAND FL 34738

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DUPEE, ANN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	JEANNE MARTEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1389 DIVISION ST		1.2 NAME		847 8TH STREET	
STREET ADDRESS		CLERMONT FL		1.3 STREET ADDRESS		CLERMONT, FL 34711	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	FISCHER, ERICH E	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		BILL THOMPSON, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		154 E HIGHLAND AVENUE		2.2 NAME		833 W. SR 50	
STREET ADDRESS		CLERMONT FL		2.3 STREET ADDRESS		CLERMONT, FL 34711	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	S	WOLFE, MICKI	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		182 W ST RD 50		3.2 NAME			
STREET ADDRESS		CLERMONT FL		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	T	LENNOX, LARRY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V-P	BRIAN HOFFER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		10715 LAKE CLAIR CIRCLE		4.2 NAME		481 E. SR 50	
STREET ADDRESS		CLERMONT FL 34812		4.3 STREET ADDRESS		CLERMONT, FL 34711	
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	MULLINS, KEITH	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIR	MARK HETTINGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		220 E. DESOTO STREET		5.2 NAME		R.O. BOX 120127-NA	
STREET ADDRESS		CLERMONT FL 34711		5.3 STREET ADDRESS		CLERMONT, FL 34711	
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	D	STOCKTON, HOWARD	<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12433 LAKE RIDGE CIRCLE		6.2 NAME			
STREET ADDRESS		CLERMONT FL 34711		6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: WILLIAM H. STOCKTON 7/6/2007 252-394-2419

CR2E037 (4/97)