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FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3. Date Incorporated or Qualified

03/14/1990

4. FEI Number

59-0573859

Applied For

Not Applicable

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

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

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
NAME MARTEL, JEANNE
STREET ADDRESS 847 8TH ST
CITY-ST-ZIP CLERMONT FL

☒ DELETE

1.1 TITLE PRESIDENT
1.2 NAME RAY GILLEY
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE T
NAME THOMPSON, BILL
STREET ADDRESS 833 W SR 50
CITY-ST-ZIP CLERMONT FL

☒ DELETE

2.1 TITLE VICE-PRESIDENT
2.2 NAME WAYNE TURNER
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE S
NAME WOLFE, MICKI
STREET ADDRESS 182 W ST RD 50
CITY-ST-ZIP CLERMONT FL

☒ DELETE

3.1 TITLE TREASURER
3.2 NAME JEFF BIDDLE
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE VP
NAME HETTINGER, MARK
STREET ADDRESS P.O BOX 120127 N/A
CITY-ST-ZIP CLERMONT FL

☒ DELETE

4.1 TITLE SECRETARY
4.2 NAME BETH McCABE
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D
NAME MULLINS, KEITH
STREET ADDRESS 220 E. DESOTO STREET
CITY-ST-ZIP CLERMONT FL 34711

☒ DELETE

5.1 TITLE DIRECTOR
5.2 NAME BRIAN HOFER
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D
NAME STOCKTON, HOWARD
STREET ADDRESS 12433 LAKE RIDGE CIRCLE
CITY-ST-ZIP CLERMONT FL 34711

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

William H. Stockton WILLIAM H. STOCKTON 2/10/98 352-394-4191

CR2E037 (10/97)