

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700884

FILED
Jan 14, 2020
Secretary of State
4482898024CC

Entity Name: NORTHEAST POLK CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

35610 HIGHWAY 27
HAINES CITY, FL 33844

Current Mailing Address:

P.O. BOX 986
HAINES CITY, FL 33845-0986 US

FEI Number: 59-0585597

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRIPLING, LANA
35610 US HWY 27 N
HAINES CITY, FL 33844 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name STRIPLING, LANA K
Address 35610 US HWY 27
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name ROBINSON, APRIL
Address 999 AVENUE H NE
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name ZENTENO, NELSON
Address 2600 ACCESS RD NW
City-State-Zip: DAVENPORT FL 33897

Title EX OFFICIO
Name JANTOMASO, CYNDI
Address 135 NORTH SIXTH ST
City-State-Zip: HAINES CITY FL 33844

Title EX-OFFICIO
Name RILEY, FRED
Address PO BOX 2039
City-State-Zip: HAINES CITY FL 33845

Title BOARD CHAIRMAN
Name STOKES, STACEY
Address 36099 HWY 27
City-State-Zip: HAINES CITY FL 33844

Title TREASURER
Name BONET, YARISA DR.
Address 42725 HIGHWAY 27. SUITE 201
City-State-Zip: DAVENPORT FL 33837

Title SECRETARY
Name MCCARTER, ELLEN
Address 36250 HWY 27
City-State-Zip: HAINES CITY FL 33844

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LANA STRIPLING

EXECUTIVE DIRECTOR

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIR ELECT
Name CONNELL, TERESA
Address 419 US HWY 17-92 NW
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name WEBB, RJ
Address 38283 HWY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name CROSTHWAITE, MONICA
Address 415 E FREDERICK AVE
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR
Name TINER, STEVE
Address 135 N. 6TH ST
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name BRADBURY, DEBBIE
Address 414 STARR RIDGE LOOP
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR
Name TOWNS, STACEY
Address 27 NORTH 10TH ST
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name BOTKIN, MIKE
Address 124 KENNY BLVD
City-State-Zip: HAINES CITY FL 33844