

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700884

FILED
Apr 01, 2016
Secretary of State
CC8959800827

Entity Name: HAINES CITY AREA 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:

CLEVELAND, REBECCA EXEC DI
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: REBECCA CLEVELAND

04/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	EXECUTIVE DIRECTOR
Name	MCARTER, ELLEN	Name	CLEVELAND, REBECCA
Address	36250 HWY 27	Address	265 TERRANOVA BLVD
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	WINTER HAVEN FL 33884
Title	CHAIRMAN	Title	DIRECTOR
Name	SOTO-VALENTINE, NURKA	Name	SHAUGHNESSY, NICK
Address	1006 OLD POLK CITY RD	Address	109 N 9TH ST
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844
Title	DIRECTOR	Title	DIRECTOR
Name	BARNHART, ANN	Name	EMERSON, JENNA
Address	40100 US HWY 27	Address	3626 QUADRANGLE BLVD
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	ORLANDO FL 32817
Title	DIRECTOR	Title	DIRECTOR
Name	GORDON, ANTHONY	Name	JANTOMASO, CYNDI
Address	2600 ACCESS RD NW	Address	135 NORTH SIXTH ST
City-State-Zip:	DAVENPORT FL 33897	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: REBECCA CLEVELAND

EXECUTIVE DIRECTOR

04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANTIAGO, MARTHA DR.
Address 999 AVE H NE
City-State-Zip: WINTER HAVEN FL 33881

Title EX-OFFICIO
Name EVANS, JONATHAN
Address 620 E MAIN ST
City-State-Zip: HAINES CITY FL 33844

Title CHAIR - ELECT
Name JAMES, TIM DR.
Address 218 S DIXIE DRIVE
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name FELTON, CARYS DR.
Address 350 SOUTH 10TH ST
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name HEDDON, BARBARA
Address 42 MAXCY PLAZA CIRCLE
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name SIDDIQUI, IRFAN DR.
Address 405 LIONEL WAY
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name WATTS, DENISE
Address 42725 HWY 27
City-State-Zip: DAVENPORT FL 33837

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

Title DIRECTOR
Name CONLEY, JOANNA
Address 325 CYPRESS PARKWAY
City-State-Zip: KISSIMMEE FL 34758

Title DIRECTOR
Name HARDEN, LISA
Address 7700 STATE RD 544
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR
Name SHEALEY, STEVE
Address 2105 DUNDEE RD
City-State-Zip: WINTER HAVEN FL 33883

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