

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700884

Entity Name: HAINES CITY - NORTHEAST POLK COUNTY REGIONAL CHAMBER OF COMMERCE, INC.

FILED
Feb 25, 2015
Secretary of State
CC0022195840

Current Principal Place of Business:

35610 HIGHWAY 27
HAINES CITY, FL 33844

Current Mailing Address:

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

FEI Number: 59-0585597

Certificate of Status Desired: No

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

02/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title EXECUTIVE DIRECTOR
Name CLEVELAND, REBECCA
Address 265 TERRANOVA BLVD
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name PITTMAN, NANAY
Address 300 WEST LIME ST
City-State-Zip: LAKELAND FL 33802

Title CHAIR ELECT
Name SOTO-VALENTINE, NURKA
Address 1006 OLD POLK CITY RD
City-State-Zip: HAINES CITY FL 33844

Title TREASURER
Name SHAUGHNESSY, NICK
Address 109 N 9TH ST
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name BARNHART, ANN
Address 40100 US HWY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name EMERSON, JENNA
Address 3626 QUADRANGLE BLVD
City-State-Zip: ORLANDO FL 32817

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

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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

02/25/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GULLEY, EVA
Address 2235 N BLVD. WEST
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name MOUNCEY, TRACY
Address 2972 VINTAGE VIEW CIRCLE
City-State-Zip: LAKELAND FL 33812

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

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