

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709813

Entity Name: EVERGLADES AREA CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**32016 TAMIAMI TRAIL E.
EVERGLADES CITY, FL 34139**Current Mailing Address:**P.O. BOX 130
EVERGLADES CITY, FL 34139 US**FEI Number:** 59-0791677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOSS, CAROL
714 BUCKNER AVENUE.
EVERGLADES CITY, FL 34139 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:** CAROL FOSS

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name REMENTERIA, TERRI
Address 38477 TAMIAMI TRAIL E.
City-State-Zip: OCHOPEE FL 34141

Title PRESIDENT
Name FOSS, CAROL A
Address 714 BUCKNER AVENUE
City-State-Zip: EVERGLADES CITY FL 34138

Title TREASURER
Name JOHNSON, PHILIP T
Address 407 COPELAND AVENUE NORTH
City-State-Zip: EVERGLADES CITY FL 34139

Title VP
Name STOKES, LYNN
Address 930 SEABOARD VILLAGE DRIVE
City-State-Zip: COPELAND FL 34137

Title DIRECTOR
Name BILLY, COREY
Address 5282 GOLDEN GATE PARKWAY, B
City-State-Zip: NAPLES FL 34116

Title SECRETARY
Name SHEALY, JACK JR.
Address US 41
City-State-Zip: OCHOPEE FL 34141

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: CAROL FOSS

PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date