

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755582

Entity Name: THE WINTER HAVEN CHAMBER FOUNDATION, INC.**Current Principal Place of Business:**401 AVE. B, NW
WINTER HAVEN, FL 33881**Current Mailing Address:**P.O. BOX 1420
WINTER HAVEN, FL 33882-1420**FEI Number:** 59-2126237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DECKER, KATIE WORTHINGTON
401 AVENUE B, NW
WINTER HAVEN, FL 33881 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:** KATIE WORTHINGTON DECKER

06/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SPANGLER, JILLIAN
Address 245 S CENTRAL AVE
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name SANTIAGO, ALEX
Address 305 CENTURY BLVD
City-State-Zip: BARTOW FL 33830

Title CEO
Name DECKER, KATIE WORTHINGTON
Address 401 AVE. B, NW
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name JOHNSON, SHARON
Address 1120 1ST ST S
City-State-Zip: WINTER HAVEN FL 33880

Title CHAIRWOMAN
Name WEBSTER, NAN
Address 1134 FIRST STREET SOUTH
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name GOZDUR, TIFFANI
Address 1120 1ST STREET S
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name NIKDEL, NICOLE
Address 407 FIRST STREET S
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name TAGTOW, CHAD
Address 222 SR 60 EAST
City-State-Zip: LAKE WALES FL 33853

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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: KATIE WORTHINGTON DECKER

PRESIDENT/CEO

06/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	THOMPSON, AMY
Address	347 W CENTRAL AVENUE
City-State-Zip:	WINTER HAVEN FL 33881