2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2014
Secretary of State
CC1832602961

DOCUMENT# N21076

Entity Name: ENGLEWOOD FLORIDA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

601 S INDIANA AVENUE
ENGLEWOOD, FL 34223-3788

Current Mailing Address:

601 S INDIANA AVENUE
ENGLEWOOD, FL 34223-3788 US

FEI Number: 59-0876627

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, ED EXECUTIVE DIRECTOR
601 S INDIANA AVENUE
ENGLEWOOD, FL 34223 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: ED HILL 05/07/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	BARBER, SCOTT
Address	2045 N BEACH ROAD
City-State-Zip:	ENGLEWOOD FL 34223

Title	T
Name	PRESTIA, AMY
Address	P.O. BOX 1887
City-State-Zip:	ENGLEWOOD FL 32495

Title	D
Name	CHAPPELL, FRANK
Address	1960 BEACH ROAD
City-State-Zip:	ENGLEWOOD FL 34223

Title	PPD
Name	MASON, PETER
Address	447 W. DEARBORN ST.
City-State-Zip:	ENGLEWOOD FL 34223

Title	V
Name	STEAD, KEN
Address	6950 PLACIDA ROAD
City-State-Zip:	ENGLEWOOD FL 34224

Title	PE
Name	CARR, KELLY
Address	700 MEDICAL BLVD.
City-State-Zip:	ENGLEWOOD FL 34223

Title	P
Name	MILLER, ELAINE
Address	300 W. DEARBORN ST.
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	MOORE, CAROL
Address	601 S. INDIANA AVENUE
City-State-Zip:	ENGLEWOOD FL 34223

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: ELAINE MILLER PRESIDENT 05/07/2014

Electronic Signature of Signing Officer/Director Detail — Date