

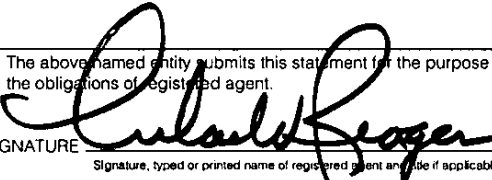
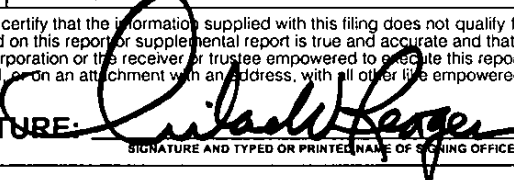


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90094 001 ****61.25

DOCUMENT # 703230					
1. Entity Name GREATER NAPLES CHAMBER OF COMMERCE, INC.					
Principal Place of Business 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103		Mailing Address 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103		<p>40033550</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0688292	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REAGEN, MICHAEL V 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE 				DATE 2/28/07	
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, EDWARD A		NAME	Thomas Quinn	
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS	2390 Tamiami TRL North Ste 210	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples FL 34103	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIDKIN, JEFFREY D		NAME	Jeanne Seewald	
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS	2390 Tamiami TRL North Ste 210	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples FL 34103	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUESTON, C J		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETZ, ELLIN		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, RUSSELL A		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROUL, KATIE		NAME		
STREET ADDRESS	2390 TAMIAMI TRAIL N, STE 210		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.					
SIGNATURE: 				DATE: 2/28/07 : 235-403-2901	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	