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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706373 (8)

1. Corporation Name
GREATER SEMINOLE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
8400 113 ST N PO BOX 3337 SEMINOLE FL 34642-7337	8400 113 ST N PO BOX 3337 SEMINOLE FL 33775-3337 US

3. Date Incorporated or Qualified: 11/05/1963
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business — 21: 8400 113th ST. NO; 22: Suite, Apt. #, etc.; 23: City & State: Seminole, FL; 24: Zip: 33772-; 25: Country
2a. Mailing Address — 26: P.O. Box 3337; 27: Suite, Apt. #, etc.; 28: City & State: Seminole, FL; 29: Zip: 33775-3337; 30: Country

4. FEI Number: 59-1052175 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMORANZ, PATRICIA
8400 113TH STREET NO
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 33772

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Patricia Schmoranz (PATRICIA SCHMORANZ, EXECUTIVE DIRECTOR) 4-1-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKSE, WALLY 3201 34TH STREET SO ST. PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Harold C. Vardy 7122 Seminole Blvd. Seminole, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANKLIN, JANA 9400 SEMINOLE BLVD SEMINOLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Robin Williams 3530 49th St. N. St. Petersburg, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SCHMORANZ, PATRICIA 8400 113TH STREET NO SEMINOLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(Same)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDERSON, ALLEN 2989 W BAY DR BELLEAIR BLUFFS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Larry C. Cunningham 10899 Park Blvd. Seminole, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VAROY, HAROLD 7122 SEMINOLE BLVD SEMINOLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	President Timothy C. Schuler 7843 Seminole Blvd. Seminole, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHULER, TIMOTHY 7843 SEMINOLE BLVD SEMINOLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VD Allen Anderson 2989 W. Bay Dr. Belleair Bluffs, FL.	☒ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Schmoranz 4/1/97 PATRICIA SCHMORANZ 4/1/97 813-392-3245