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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706373

1. Corporation Name

GREATER SEMINOLE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
8400 113 ST N SEMINOLE FL 33772 US	PO BOX 3337 SEMINOLE FL 34642-0337 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/05/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1052175 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33775-3337 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHMORANZ, PATRICIA
8400 113TH STREET NO
SEMINOLE FL 33772

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	MURPHY, JAMES M III		1.2 NAME	PAUL R. CAVONIS	
STREET ADDRESS	7800 LIBERTY LANE		1.3 STREET ADDRESS	8640 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	VD	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	WILLIAMS, ROBIN		2.2 NAME		
STREET ADDRESS	3530 49 ST N		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHMORANZ, PATRICIA		3.2 NAME		
STREET ADDRESS	8400 113TH STREET NO		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	CUNNINGHAM, LARRY		4.2 NAME		
STREET ADDRESS	10899 PK BLVD		4.3 STREET ADDRESS	9190 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	D	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	SCHULER, TIMOTHY C.		5.2 NAME	DANIEL J. FRIEDRICH, III	
STREET ADDRESS	7843 SEMINOLE BLVD		5.3 STREET ADDRESS	6500 38th AVE NO.	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
TITLE	P	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDERSON, ALLEM		6.2 NAME	ANDERSON, ALLEN	
STREET ADDRESS	~~2401 W BAY DR~~		6.3 STREET ADDRESS	9000 COMMODORE DR. #605	
CITY-ST-ZIP	~~LARGO FL 33770~~		6.4 CITY-ST-ZIP	SEMINOLE, FL 33776	

14. I 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, with all other like empowered.

SIGNATURE: Patricia Schmoranz PATRICIA SCHMORANZ 3/31/99 727-392-3245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)