2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # 706373 1. Entity Name GREATER SEMINOLE AREA CHAMBER OF COMMERCE, INC.				492A	04-13-2004 9002 <i>6</i>		
Principal Place of Business 8400 113 ST N SEMINOLE, FL 33772 US Mailing Address PO BOX 3337 SEMINOLE, FL 33772			337 US				
2. Principal Place of Business 3. Mai		3. Mailing Address	ailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E	037 (10/03)	
City & State C		City & State	Xity & State		5		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Addi	
//	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	d Agent	3.7.
JOHNSON, JAMES G			Name				
8400 113TH STREET NO SEMINOLE, FL 33772			Street Ad	reet Address (P.O. Box Number is Not Acceptable)			
			City			■ Zip Code	
			1	_ FL **			
the obligat	named entity submits this statement fo tions of registered agent.	w the pulpose of changing its re	gistered onice or i	registered agent, or botti, in	the State of Florida. Fal	mammar with, i	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatur	re required when reinstating)	DATE		
SIGNATURE.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and title if applicable. (NOTE: F 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	ck payable to artment of St	
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make che Florida Depa ES TO OFFICERS AND D	ck payable to artment of St	ate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida States, it is the 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 indeposit, 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 like empowered.

SIGNATURE: CHARLENE TASMIN Charles Josephine Jennie Spart 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #