FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:10

DOCUMENT # 740209 (2)

1. Corporation Name
GREATER OLDSMAR CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
101 EAST STATE STREET P. O. BOX 521 OLDSMAR FL 34677	101 EAST STATE STREET P. O. BOX 521 OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1977
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2268316 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ODALYS, LARA
4025 TAMPA RD
S1111
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name: JERRY KILTY
82 Street Address (P.O. Box Number is Not Acceptable): 514 HUMPHRIES RD
83
84 City: SAFETY HARBOR FL 85 Zip Code: 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	P	XX Change ☐ Addition
NAME	CLANCEY, NONIE	12 NAME	BRELSFORD, GARY	
STREET ADDRESS	237 DUNBAR CT/P O BOX 1264 N/A	13 STREET ADDRESS	205 WOODWARD	
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP	OLDSMAR FL	
TITLE	V	21 TITLE	V	XX Change ☐ Addition
NAME	BRELSFORD, GARY	22 NAME	EDWARDS, DOUG	
STREET ADDRESS	205 WOODWARD AVE	23 STREET ADDRESS	120 E STATE ST, #106	
CITY-ST-ZIP	OLDSMAR FL	24 CITY-ST-ZIP	OLDSMAR FL	
TITLE	VD	31 TITLE	VD	XX Change ☐ Addition
NAME	EDWARDS, DOUG	32 NAME	GLADIEUX, COOKIE	
STREET ADDRESS	120 E STATE ST #106	33 STREET ADDRESS	29259 US HWY 19 N	
CITY-ST-ZIP	OLDSMAR FL	34 CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LINDA S	42 NAME		
STREET ADDRESS	3711 TAMPA RD #107	43 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	TD	XX Change ☐ Addition
NAME	ODALYS, LARA	52 NAME	KILTY, JERRY	
STREET ADDRESS	4025 TAMPA RD., #1111	53 STREET ADDRESS	514 HUMPHRIES RD	
CITY-ST-ZIP	OLDSMAR FL	54 CITY-ST-ZIP	SAFETY HARBOR	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CARTWRIGHT, FRANKIE	62 NAME		
STREET ADDRESS	101 E STATE ST/P O BOX 521	63 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jerald D. Kilty 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087006