FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 09/21/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 163 West State St.	26 163 West State St.
Suite, Apt. #, etc. 22 P.O. Box 521	Suite, Apt. #, etc. 27 P.O. Box 521
City & State 23 OLDSMAR, FL	City & State 28 OLDSMAR, FL
Zip / Country 24 34677 / 25 USA	Zip / Country 29 34677 / 30 USA

4. FEI Number: 59-2268316 ☐ 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

KILTY, JERRY
514 HUMPHRIES RD
S1111
SAFETY HARBOR FL 34695

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRELSFORD, GARY 205 WOODWARD OLDSMAR FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT EDWARDS, Doug 120 E. STATE ST 106 OLDSMAR, FL 34677	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDWARDS, DOUG 120 E STATE ST 106 OLDSMAR FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR NELSON, NOREEN 320 HOLLY HILL RD. OLDSMAR, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLADIEAUX, COOKIE 29259 US HWY 19 N CLEARWATER FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, LINDA S 3711 TAMPA RD #107 OLDSMAR FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SECRETARY/DIRECTOR FERRANS, SUSAN 1515 MICHIGAN AVE. PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KILTY, JERRY 514 HUMPHRIES RD SAFETY HARBOR FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTWRIGHT, FRANKIE 101 E STATE ST/P O BOX 521 OLDSMAR FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Gerald L. Kilty GERALD L. KILTY 4/30/96 8137257674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #