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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
163 WEST STATE ST. ~~P.O. BOX 661~~ OLDSMAR FL 34677 US	163 WEST STATE ST. ~~P.O. BOX 661~~ OLDSMAR FL 34677-0009 US

3. Date Incorporated or Qualified: 09/21/1977
3a. Date of Last Report: 05/01/1996

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

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	P	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	EDWARDS, DOUG		1.2 NAME	COOKIE GLADIEUX	
STREET ADDRESS	120 E. STATE ST. 106		1.3 STREET ADDRESS	29259 US HWY 19N	
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP	CLEARWATER, FL.	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	NELSON, NOREEN		2.2 NAME	BRETT HERMAN	
STREET ADDRESS	320 HOLLY HILL RD.		2.3 STREET ADDRESS	200 OAKLEAF BLVD	
CITY-ST-ZIP	OLDSMAR FL		2.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	VD	☐ DELETE	3.1 TITLE	VACANT	☐ Change ☐ Addition
NAME	GLADIEAUX, COOKIE		3.2 NAME		
STREET ADDRESS	29259 US HWY 19 N		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	FERRANS, SUSAN		4.2 NAME	LINDA WILLIAMS	
STREET ADDRESS	1515 MICHIGAN AVE.		4.3 STREET ADDRESS	3311 TAMPA RD., STE. 107	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	OLDSMAR, FL. 34677	
TITLE	TD	☐ DELETE	5.1 TITLE	T.D.	☐ Change ☐ Addition
NAME	KILTY, JERRY		5.2 NAME	JERRY KILTY	
STREET ADDRESS	514 HUMPHRIES RD		5.3 STREET ADDRESS	514 HUMPHRIES RD	
CITY-ST-ZIP	SAFETY HARBOR FL		5.4 CITY-ST-ZIP	SAFETY HARBOR, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 asterisk.

SIGNATURE _____ 5-9-97 813-855-4033