FILE NOW: FILING FEE IS $61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90137 001 ****61.25

0086765

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **740209**

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

Principal Place of Business	Mailing Address
163 S.R. 580 WEST OLDSMAR FL 34677 US	163 S.R. 580 WEST OLDSMAR FL 34677 US

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29) Country (30)

3. Date Incorporated or Qualified: 09/21/1977

4. FEI Number: 59-2268316 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

GARTLAND, KEVIN O
~~163 SE 580 WEST~~ 163 SR 580 West
OLDSMAR FL 34677

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 Kevin O Gartland 2/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAVLIK, ROGER		1.2 NAME		
STREET ADDRESS	13300 MCCORMICK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33626		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, CHARLIE		2.2 NAME		
STREET ADDRESS	P.O. BOX 69 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, DAVID		3.2 NAME		
STREET ADDRESS	3138 S.R. 580		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LINDA		4.2 NAME		
STREET ADDRESS	3711 TAMPA RD., STE. 107		4.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ORMISTON, DAVID		5.2 NAME		
STREET ADDRESS	800 TARPON WOODS BLVD, F-4		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		5.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARTLAND, KEVIN		6.2 NAME		
STREET ADDRESS	16T3 S.R. 580 WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X Kevin O Gartland **REQUIRED** 2/10/99 (813)855-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #