FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

748308

(4)

PINELLAS PARK/MID-COUNTY CHAMBER OF COMMERCE, IN

FILED May 13 1997 8:00am Secretary of State



Principal Place of Business Mailing Add			dress			A (# DIVI) EDDIY ARDON AND ON THE BERDI IAND ON DESCRIPTION OF DES
5851 PARK BLV	n	5851 PARK BLVD.	IST PARK RIVD.			
PINELLAS PARK		PINELLAS PARK FL 33781-3270				
						3. Date Incorporated or Qualified Sa. Date of Last Report
						08/01/1979 04/08/1996
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				59-1937179 Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	Country	Zip	7 6	ountry		Trust Fund Contribution Added to Fees
Zφ	— <i>′</i>	⊢		/OUTITY		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	25 9. Name and Address of Curre	nt Registered Acent	30			10. Name and Address of New Registered Agent
	5. Hallo dita 200/055 Ol Cultu	III Trogration Prograt		81	Name	
DOTT D	TA.					
BOTT, RITA 5851 PARK BLVD.				82	Street	et Address (P.O. Box Number is Not Acceptable)
				83	L	
PINELLA	S PARK FL 34665				i	
				84	City	FL 85 Zip Code
11. Pureuant I	to the provisions of Sections 617 05	02 and 617 1508. Florida Stati	ites the	abov	named	
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 Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when remetating) DATE						
12.		D DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	-DP-	DELETE 1.1		1 TITLE		Change ☐ Addition
NAME	HODGES, NANCY 1.2		2 NAME		Hodges, Nancy	
STREET ADDRESS	AAAA AANII AAAANAA		1.	3 STREET	ADDRESS	
DITY-ST-ZIP	AND THE A A MARKET PLANTS OF THE PARTY OF TH		4 CITY-S	T-ZIP		
TITLE	V			1 TITLE		Change Addition
NAME	BOTT, RITA G		2 NAME			
STREET ADDRESS	5851 PK BLVD		2.	2.3 STREET ADDRESS		s i
CITY-S1-ZIP	PINELLAS PK, FL 00000		4 CITY-	ST-ZIP		
TITLE	D	DELETE 3:		1 TITLE		☐ Change ☐ Addition
NAME	ENGLAND, TERRY		3.2 NAME			
STREET ADDRESS	12255 75TH ST. NORTH			3 STREET	ADDRESS	s
CITY-ST-ZIP	LARGO FL		3.	4. CITY-:	ST-ZIP	
TITLE	D	DELETE	4.	1 TITLE		Change Addition
NAME	PIGNATELLO, DR DAVE		4.	2 NAME		·
STREET ADDRESS	7925 66TH STREET		4.	3 STREET	ADDRESS	s
CITY-ST-ZIP	PINELLAS FL		•	4 City-5		
TITLE	DX /	Z -DELETE		1 TITLE		DV Addition
NAME	TAFELSKI, THOMAS	•	5.	2 NAME		Panner Meni
STREET ADDRESS	12841 - 66TH STREET N.				ADDRESS	s Solo Park Blvd.
CITY-ST-ZIP	1ARGO FL			4 CITY-S		s 5010 Park Blvd. Pinellas Park, FL 33781
TITLE	-BV-	☐ DELETE		1 TITLE	·	Change Addition
NAME		L.		2 NAME		Chandler Larry
STREET ADDRESS	7600 US 19	1)15 ande 76			ADDRESS	I ACT OF A STATE OF A
CITY-ST-ZIP	PINELLAS PARK FL	-just pe to	•	4 CITY-5		Rigellas Parks FL 33781

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 address.

SIGNATURE

SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (813)321-1950

Daytime Prione # 0052141