2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90020 011 ****61.25

DOCUMENT # 748308

1. Entity Name

PINELLAS PARK/MID-COUNTY CHAMBER OF COMMERCE, INC.

94017090

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
7200 US HWY 19 NORTH STE 326 PINELLAS PARK FL 33781 US	7200 US HWY 19 NORTH STE 326 PINELLAS PARK FL 33781 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1937179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORRAO, EDWARD T
7200 US HWY 19 NORTH
STE 326
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edward T. Corrao 1/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, NANCY 6825 38TH STREET PINELLAS PARK FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GENE LOFGREN 5220 90th Terrace N. Pinellas Park, FL 33782	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, RAY 4250 62ND AVE N PINELLAS PARK FL 33781	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stan McKenzie 3491 Gandy Blvd, Suite 100 Pinellas Park, FL 33781	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLAND, TERRY 12255 75TH ST. NORTH LARGO, FL 33773	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pam Combs 6200 49th ST. N Pinellas Park, FL 33781	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANNER, MENI 5010 PARK BLVD. PINELLAS PARK FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Wennmal 11254 58th ST. N. Pinellas Park, FL 33782	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPYD, ALNA 7780-49TH ST N PINELLAS PARK FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rueva Bassett 8001 US HWY 19N Pinellas Park, FL 33781	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELONG, WILLIAM R 5022 BARE N PINELLAS PARK FL 33781	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Lofgren GENE LOFGREN 1/28/04 727-804-5059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #