2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 748308

Entity Name: PINELLAS PARK/GATEWAY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

5851 PARK BLVD
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

5851 PARK BLVD
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-1968568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GHOVAEE, HOUGH
5851 PARK BLVD
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FISHER, RAY
Address: 5851 PARK BOULEVARD
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: HODGES, NANCY
Address: 5851 PARK BOULEVARD
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: GHOVAEE, HOUSH
Address: 5851 PARK BOULEVARD
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: MCCLAIN, DENNIS
Address: 5851 PARK BOULEVARD.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: MUDD, ETHEL
Address: 5851 PARK BOULEVARD
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete
Name: COMBS, PAM
Address: 5851 PARK BLVD
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAPOZZA, MARIAN
Address: 5851 PARK BOULEVARD
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY HODGES DIR 04/28/2009

Electronic Signature of Signing Officer or Director — Date