

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001429

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** THE GREATER EASTERN COLLIER COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1300 N. 15TH STREET  
SUITE 2  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

1300 N. 15TH STREET  
SUITE 2  
IMMOKALEE, FL 34142

**New Mailing Address:**

**FEI Number:** 16-1692187      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICE, RICHARD  
1300 N 15TH STREET - SUITE 2  
IMMOKALEE, FL 34142    US

**Name and Address of New Registered Agent:**

THOMAS, FRED  
1300 N 15TH STREET - SUITE 2  
IMMOKALEE, FL 34142    US

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: FRED THOMAS

03/28/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMAS, FRED  
Address: 1205 ORCHID LANE  
City-St-Zip: IMMOKALEE, FL 34142

Title: VP  
Name: BARNHART, BERNARDO  
Address: 614 NEW MARKET ROAD W  
City-St-Zip: IMMOKALEE, FL 34142

Title: T  
Name: ROTH, JAY  
Address: 5076 ANNUNCIATION CIRCLE #101  
City-St-Zip: IMMOKALEE, FL 34142

Title: S  
Name: WILLIAMS, CARRIE  
Address: 1300 NORTH 15TH STREET SUITE#1  
City-St-Zip: IMMOKALEE, FL 34142

I hereby 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 all other like empowered.

SIGNATURE: CARRIE WILLIAMS

S

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date