

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90075 010 ****61.25

DOCUMENT # N04000008966 1. Entity Name THE MARGATE CHAMBER OF COMMERCE, INCORPORATED.					
Principal Place of Business 5237 COCONUT CREEK PKWY MARGATE, FL 33063			Mailing Address 5237 COCONUT CREEK PKWY MARGATE, FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 201470363	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESSERT, KATHLEEN 5237 COCONUT CREEK PKWY MARGATE, FL 33063				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	DC GRAY, DONALD 5237 COCONUT CREEK PKWY MARGATE, FL 33063	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Jack Tobin 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESSERT, KATHLEEN 5237 COCONUT CREEK PKWY MARGATE, FL 33063	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORCLIFF Fruitandler 5417 W ATLANTIC BLVD MARGATE, FL 33063	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAVAN, PAM 5237 COCONUT CREEK PKWY MARGATE, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFF MARTIN 2175 N S R 7 MARGATE, FL 33063	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAIN, KATHERINE 5237 COCONUT CREEK PKWY MARGATE, FL 33063	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Gray 5237 COCONUT CREEK PKWY MARGATE, FL 33063	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC MEEHAN, ROBERT V 5237 COCONUT CREEK PKWY MARGATE, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SENA, MICHAEL 5237 COCONUT CREEK PKWY MARGATE, FL 33063	☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR			Date: 4-12/05 Daytime Phone # _____		