# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2004**
**Secretary of State**

DOCUMENT# N29687

**Entity Name:** ZEPHYRHILLS CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

38550 5TH AVE
ZEPHYRHILLS, FL 33542 US

**New Principal Place of Business:**

**Current Mailing Address:**

38550 5TH AVE
ZEPHYRHILLS, FL 33542 US

**New Mailing Address:**

**FEI Number: 59-0668171** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCDUFFIE, W C
38550 5TH AVE
ZEPHYRHILLS, FL 33542 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: PD ( ) Delete
Name: FIRST, GREG
Address: 38040 MARKET SQUARE DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD ( ) Delete
Name: DUFFY, MARIE
Address: 36836 SR 54 WEST
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VD ( ) Delete
Name: PENNINGTON, PATRICIA
Address: 38112 15TH AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TD ( ) Delete
Name: WHITFIELD, GENE
Address: 5008 GALL BOULEVARD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: SCOTT, JOHN E
Address: 5537 GALL DLVD.
City-St-Zip: ZEPHYRHILLS, FL 33542

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

Title: PED (X) Change ( ) Addition
Name: PENNINGTON, PATRICIA
Address: 38112 15TH AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

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

Title: D ( ) Change (X) Addition
Name: MCDUFFIE, CLIFF
Address: 6130 17TH ST
City-St-Zip: ZEPHYRHILLS, FL 33542 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: W. CLIFF MCDUFFIE D 01/06/2004

Electronic Signature of Signing Officer or Director — Date