## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700004171

PALM HARBOR CHAMBER OF COMMERCE FOUNDATION, INC.

FILED	
May 26 1998 8:00an	n
Secretary of State	

VI LIN VIII DON ON INDER OF COMMENCE FOOIDATION, INC.						
Principal Plac	e of Business	Mailing Address				-   I DETAINET ETTE TOURT LEGIU EGUNT GOUNT GOUNT GOUNT GLOET THOU TOUGH HOOF HOOF HOOF HOOF
32645 US 19. S PALM HARBOR		32845 US 19. STE. 210 PALM HARBOR FL 34684	<b>!</b>			3. Date Incorporated or Qualified 07/23/1997 4. FEI Number Applied For
2. Principal P	Place of Business	2a. Mailing Address				59-3484438   Not Applicable
21		26	•••			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Cour	-kery		☐ Yes ☐ No
24	25	21p	Coun	ltry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, X Yes No
• • • • • • • • • • • • • • • • • • • •	9. Name and Address of Current		190			10. Name and Address of New Registered Agent
			1	81	Name	
BLENNE			ļ,	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	1, 2708 ALTERNATE 19 N.		Ļ	83		, .,
PALM IN	ARBOR FL 34683		L			
			- 1		City	FL 85 Zip Code
agent. I a	to the provisions of Sections 617,0502 egistered agent, or both, in the State or infamiliar with, and accept the obligations of the section of the section of the provision of the provisions of the pro	ions of, Section 617.0503, F	s authorized Florida Statu	by ti	the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND	11-11-11-1	13.	Age	Biginatura respecta	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Director	☐ DELETE	1.1 TITL	.E	·   · · ·	Change Addition
NAME	Shan Shikarpuri		1.2 NAV	Æ		
STREET ADDRESS	33920 US 19 N, Ste	290	1.3 STRI	EET AD	DORESS	
CITY-ST-ZIP	Palm Harbor, FL 34		1.4 CITY		ZIP	
TITLE NAME	Director	DELETE	2.1 TITLE		ļ	☐ Change ☐ Addition
STREET ADDRESS	Ken Peluso 36949 US 19 North		2.2 NAM		200000	
CITY-ST-ZIP	Palm Harbor, FL 34	<b>ፍ</b> Ձ/ <sub>1</sub>	2.3 STRE 2.4 CITY			
TITLE	Director	☐ DELETE	3.1 TITL		· ZIr	☐ Change ☐ Addition
NAME	Rodney Fischer		3.2 NAM			<del>-</del> • -
STREET ADDRESS	30031 US 19 North		3.3 STRE	EET AD	DORESS	
CITY-ST-ZIP	Clearwater, FL 33	761	3.4. CITY	Y-ST-	· ZIP	
TITLE	Director	☐ DELETE	ELETE 4,1 TITL			Change Addition
NAME	Richard Martin		4. 2 NAN			
STREET ADDRESS	30826 US 19 North	-01	4.3 STRE			
CITY+ST-ZIP TITLE	Palm Harbor, FL 34	684	4.4 CITY 5.1 TITLE		ZIP	☐ Change ☐ Addition
NAME			5.1 HILL 5.2 NAM	_		C OBBING C MARKON
STREET ADORESS			5.3 STAE		ODRESS	
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE		-	☐ Change ☐ Addition
NAME			6.2 NAM	IE.		
STREET ADDRESS			6.3 STRE	ET AD	XORESS	
CITY-ST-ZIP	- alf all a second colors	*** ***	6.4 CITY			
officer or o	on this annual report of supplemental a	annual report is true and ac- rer or trustee empowered to	Curete and t	that r	my cianatura	ection 119.07(3)(i), Fiorida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am an red by Chapter 617, Florida Statutes; and that my name appears in