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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004171

1. Corporation Name

PALM HARBOR CHAMBER OF COMMERCE FOUNDATION, INC.



Principal Place of Business

32845 US 19. STE. 210
 PALM HARBOR FL 34684

Mailing Address

32845 US 19. STE. 210
 PALM HARBOR FL 34684

2. Principal Place of Business

21 **1151 NEBRASKA AVE**

Suite, Apt. #, etc.

22 City & State

23 **Palm Harbor, FL**

24 **34683** 25 **Pinellas**

2a. Mailing Address

26 **1151 NEBRASKA AVE**

Suite, Apt. #, etc.

27 City & State

28 **Palm Harbor, FL**

29 **34683** 30 **Pinellas**

3. Date incorporated or Qualified

07/23/1997

4. FEI Number

59-3484438

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BLENNER, WALT
STE. 701, 2708 ALTERNATE 19 N.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **SHIKARPURI, SHAN**
 STREET ADDRESS **33920 US 19 N, #290**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** DELETE
 NAME **PELUSO, KEN**
 STREET ADDRESS **36949 US 19 N**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** DELETE
 NAME **FISCHER, RODNEY**
 STREET ADDRESS **30031 US 19 N**
 CITY-ST-ZIP **PALM HARBOR FL 33761**

TITLE **D** DELETE
 NAME **MARTIN, RICHARD**
 STREET ADDRESS **30826 US 19 N**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition
 1.2 NAME **KARLYN JOHNSON MAHORNEY**
 1.3 STREET ADDRESS **1027 NEBRASKA AVE.**
 1.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)