

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90072 001 \*\*\*\*61.25

<b>DOCUMENT # N04000008966</b>					
<b>1. Entity Name</b> THE MARGATE CHAMBER OF COMMERCE, INCORPORATED.					
<b>Principal Place of Business</b> 5237 COCONUT CREEK PKWY MARGATE, FL 33063			<b>Mailing Address</b> 5237 COCONUT CREEK PKWY MARGATE, FL 33063		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-1470363	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DESSERT, KATHLEEN 5237 COCONUT CREEK PKWY MARGATE, FL 33063			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DC <b>NAME</b> TOBIN, JACK <b>STREET ADDRESS</b> 3300 UNIVERSITY DR <b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> FRUITHANDLER, CLIFF DR <b>STREET ADDRESS</b> 5417 W ATLANTIC BLVD <b>CITY - ST - ZIP</b> MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> MARTIN, JEFF <b>STREET ADDRESS</b> 2175 N SR 7 <b>CITY - ST - ZIP</b> MARGATE, FL 33063	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> GRAY, DON <b>STREET ADDRESS</b> 3237 COCONUT CREEK PKWY <b>CITY - ST - ZIP</b> MARGATE, FL 33063	<input type="checkbox"/> Delete				
<b>TITLE</b> DVC <b>NAME</b> MEEHAN, ROBERT V <b>STREET ADDRESS</b> 5237 COCONUT CREEK PKWY <b>CITY - ST - ZIP</b> MARGATE, FL 33063	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SWARTZ, MARY LYNN <b>STREET ADDRESS</b> 2801 N STATE RD 7 <b>CITY - ST - ZIP</b> MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DIRECTOR <b>NAME</b> Sherry Centore <b>STREET ADDRESS</b> 2801 N STATE Road 7 <b>CITY - ST - ZIP</b> Margate FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> Dennis Cantlay - D <b>STREET ADDRESS</b> 4660 W Hillsboro Blvd <b>CITY - ST - ZIP</b> Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Kathleen Dessert Executive Director</i> <span style="float: right;">4/27/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					