2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700777

FILED Jan 14, 2009 Secretary of State

Entity Name: THE GREATER DADE CITY CHAMBER OF COMMERCE, INC.

US

Current Principal Place of Business: New Principal Place of Business:

14112 8TH STREET DADE CITY, FL 33525

Current Mailing Address: New Mailing Address:

14112 8TH STREET

DADE CITY, FL 33525 US

FEI Number: 59-0549446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LISTER, ANTHONY S BECKWITH, NITA H 14112 8TH STREET **14112 8TH STREET**

DADE CITY, FL 33525 DADE CITY, FL 33525 US US

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: NITA H. BECKWITH 01/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LISTER, ANTHONY S BECKWITH, NITA H Name: Name:

12113 MAGNOLIA STREET Address: 14255 RICEBIRD AVENUE Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: BROOKSVILLE, FL 34614

Title: PD Title: (X) Change () Addition () Delete

LEA, MISSY Name: WUBBENA, JOEY Name:

Address: 37739 RUBAUSEA AVE Address: 15000 CITRUS COUNTRY DRIVE

City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523

Title: VD. () Delete Title: VD. (X) Change () Addition MARTIN, CLIFT MINDEN, PHIL Name: Name:

13720 US HWY 65 BYPASS Address: Address:

13100 FORT KING ROAD City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

Title: VD () Delete Title: VD (X) Change () Addition

Name: SZCERBA, SUE Name: MARTIN, CLIFF 37911 HEATHER PLACE 13720 U.S. HWY 98 BYPASS Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

Title: () Delete Title: () Change () Addition

EVANS, JILL Name: Name: 37925 CHURCH AVE Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip:

Title: () Delete Title: () Change () Addition

SIMPSON, WILTON Name: Name: PO BOX 721 Address: Address: TRILBY, FL 33593 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NITA H. BECKWITH ED 01/14/2009

Electronic Signature of Signing Officer or Director

Date