

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702967

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** GREATER PINE ISLAND CHAMBER OF COMMERCE,INC

**Current Principal Place of Business:**

3640 PINE ISLAND ROAD  
MATLACHA, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 325  
MATLACHA, FL 33993

**New Mailing Address:**

**FEI Number:** 59-0995723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENTON, LISA  
3563 RUBY AVE  
SAINT JAMES CITY, FL 33956 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  
Name: PAENO, JOHN  
Address: 16305 QUAIL TRAIL  
City-St-Zip: BOKEELIA, FL 33922

Title: VD  
Name: TIMCAK, STEVE  
Address: 5322 BAYSHORE AVENUE  
City-St-Zip: CAPE CORAL, FL 33991

Title: VD  
Name: BALLOU, VALERIE  
Address: 11481 FLINT LANE  
City-St-Zip: BOKEELIA, FL 33922

Title: SD  
Name: CANKAR, LEE  
Address: 2690 GULL COURT  
City-St-Zip: ST. JAMES CITY, FL 33956

Title: TD  
Name: STOELKER, BILL  
Address: 2572 2ND STREET  
City-St-Zip: MATLACHA, FL 33993

Title: D  
Name: REED, WAYNE  
Address: 13350 MORNINGSTAR LANE  
City-St-Zip: BOKEELIA, FL 33922

I hereby 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 all other like empowered.

SIGNATURE: LISA BENTON

RA

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date