


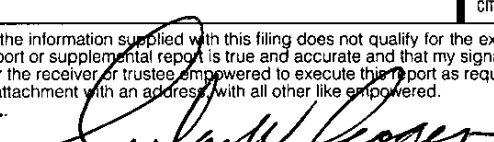


FILED
Apr 10, 2006 8:00 am
Secretary of State

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DOCUMENT # 703230				04-10-2006 90359 001 ***245.00																									
1. Entity Name GREATER NAPLES CHAMBER OF COMMERCE, INC.																													
Principal Place of Business 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103		Mailing Address 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103		000000001																									
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232006 Chg-NP CR2E037 (11/05)																									
City & State		City & State		4. FEI Number 59-0688292																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
MURPHY, JAY 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103				Name Stephanie D. Martin																									
				Street Address (P.O. Box Number is Not Acceptable) 2390 Tamiami Trail																									
				Suite 210																									
				City Naples FL 34103																									
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.																													
SIGNATURE Stephanie D. Martin  3/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
				Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
<table border="1"><tr><td>TITLE</td><td>C</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MORTON, EDWARD A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2390 TAMiami TRAIL NORTH, SUITE 210</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES, FL 34103</td><td></td></tr></table>				TITLE	C	<input type="checkbox"/> Delete	NAME	MORTON, EDWARD A		STREET ADDRESS	2390 TAMiami TRAIL NORTH, SUITE 210		CITY-ST-ZIP	NAPLES, FL 34103		<table border="1"><tr><td>TITLE</td><td>Director</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Katie Sproul</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2390 Tamiami Trail North Ste 210</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Naples FL 34103</td><td></td></tr></table>		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Katie Sproul		STREET ADDRESS	2390 Tamiami Trail North Ste 210		CITY-ST-ZIP	Naples FL 34103	
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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.																													
SIGNATURE:  3/23/06 2394032905 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													