

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703230

FILED
Apr 19, 2011
Secretary of State

Entity Name: GREATER NAPLES CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-0688292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALAD, SANDRA
2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103 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: C
Name: SPROUL, KATHERINE
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: HORNBECK, BUDD
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: PASSIDOMO, JOHN
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: P
Name: REAGEN, MICHAEL
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: SPINELLI, BILL
Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210
City-St-Zip: NAPLES, FL 34103

Title: D
Name: WARNKEN, JIM
Address: 2390 TAMIAMI TRL N, STE 210
City-St-Zip: NAPLES, FL 34103

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: MICHAEL REAGEN

P

04/19/2011

Electronic Signature of Signing Officer or Director

_____ Date