


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91004 036 \*\*\*\*61.25

<b>DOCUMENT # 703450</b> 1. Entity Name <b>ISLAMORADA CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>83274 OVERSEAS HWY ISLAMORADA, FL 33036</b>			Mailing Address <b>P.O. BOX 915 ISLAMORADA, FL 33036</b>		
2. Principal Place of Business <b>83224 Overseas Hwy.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Islamorada, FL</b>		City & State		4. FEI Number <b>59-1031258</b>	
Zip <b>33036</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPEIDEL, PATRICIA L 83274 OVERSEAS HWY ISLAMORADA, FL 33036</b>			7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>83274 Overseas Hwy.</b> City <b>Islamorada</b> <b>FL</b> Zip Code <b>33037</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.  SIGNATURE <u><i>Patricia L. Spidel</i></u> DATE <u><i>4/20/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECKWERDT, MICHAEL PO BOX 86 ISLAMORADA, FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bahr, Carla P.O. Box 310 ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORTON, CHRIS 86735 OLD HWY ISLAMORADA, FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gillis, Deborah P.O. Box 444 ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINKELAAR, ED 84001 OVERSEAS HWY ISLAMORADA, FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, JAN P.O. Box 22 ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODGETTS, STUART 103900 OVERSEAS HWY KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINKELAAR, ED 84001 OVERSEAS HWY. ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Patricia L. Spidel, Exec. Director</i></u> <u><i>4/20/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<u><i>Carl L. Bar, Pres.</i></u> <u><i>4/21/04</i></u> <small>Date Daytime Phone #</small>					