

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703622

FILED
May 11, 2007
Secretary of State

Entity Name: THE SANIBEL-CAPTIVA ISLANDS CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1159 CAUSEWAY RD.
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

1159 CAUSEWAY RD.
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-1146636 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BASE, RIC
1159 CAUSEWAY ROAD
SANIBEL, FL 33957 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: V () Delete
Name: ENGLISH, JOHN
Address: 1159 CAUSEWAY RD.
City-St-Zip: SANIBEL, FL 33957

Title: C () Delete
Name: LAI, ELLEN
Address: 1159 CAUSEWAY ROAD
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: SHUFF, JEFF
Address: 1159 CAUSEWAY ROAD
City-St-Zip: SANIBEL, FL 33957

Title: S () Delete
Name: HARDER, LEE ELLEN
Address: 1159 CAUSEWAY RD.
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: STILWELL, SANDRA
Address: 1159 CAUSEWAY RD.
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: URKOVICH, RON
Address: 1159 CAUSEWAY ROAD
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: WESLEY FAY

MRS.

05/11/2007

Electronic Signature of Signing Officer or Director

Date