
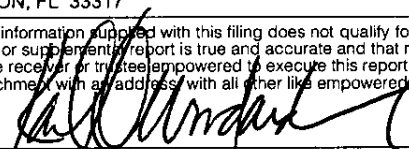


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90464 035 ****61.25

DOCUMENT # 704230					
1. Entity Name GREATER PLANTATION CHAMBER OF COMMERCE, INC.					
Principal Place of Business 7401 NW 4TH ST PLANTATION, FL 33317			Mailing Address 7401 NW 4TH ST PLANTATION, FL 33317		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0977809	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SINIAWSKY, JEFFERY 300 NW 82 AVE #505 PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <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	
TITLE	D	<input type="checkbox"/> Delete		TITLE	COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, KARL			NAME	Capps, Jean
STREET ADDRESS	7401 NW 4 STREET			STREET ADDRESS	7401 NW 4 St.
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	Plantation, FL 33317
TITLE	COB	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, SHANE			NAME	Peterson, Shang
STREET ADDRESS	7401 NW 4TH ST.			STREET ADDRESS	7401 NW 4 St
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	Plantation, FL 33317
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, BARBARA			NAME	
STREET ADDRESS	7401 NW 4TH ST.			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, SHANA			NAME	
STREET ADDRESS	7401 NW 4 STREET			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYSTROM, BILL			NAME	
STREET ADDRESS	1177 S.E. 3 AVE.			STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, JEAN			NAME	
STREET ADDRESS	7401 NW 14 ST			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
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:  (KARL D. WOODARD) 4.10.06 954739362					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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