

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90019 007 ****61.25

DOCUMENT # 704319

1. Entity Name
NORTH TAMPA CHAMBER OF COMMERCE, INC.



Principal Place of Business
**3333 EAST BUSCH BOULEVARD
TAMPA, FL 33612**

Mailing Address
**3333 EAST BUSCH BOULEVARD
TAMPA, FL 33612**

44020509



2. Principal Place of Business

11778 N. Dale Mabry

3. Mailing Address

3837 Northdale Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. 351

03212004

Chg-NP

CR2E037 (10/03)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-0973498

Applied For

Not Applicable

Zip

Country

33618

Zip

Country

33624

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, LAWRENCE
3333 EAST BUSCH BLVD.
TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

11778 N. Dale Mabry

City

Tampa

FL

Zip Code

33612

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

Jerry Davies, Treasurer

3-21-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☒ Delete
S ENCINOSA, ROSANNA
STREET ADDRESS **8609 HULSEY RD.**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE NAME ☐ Delete
D ZINN, BILL
STREET ADDRESS **4244 GOLF CLUB LN.**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE NAME ☒ Delete
D ESTRADA, KIM
STREET ADDRESS **3650 SPECTRUM BLVD., STE. 100**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE NAME ☒ Delete
D REED, BETTY
STREET ADDRESS **2410 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE NAME ☐ Delete
T DAVIES, JERRY
STREET ADDRESS **PO BOX 270632**
CITY-ST-ZIP **TAMPA, FL 33688**

TITLE NAME ☐ Delete
P ALBRECHTA, MARK J
STREET ADDRESS **15824 HAMPTON VILLAGE DR.**
CITY-ST-ZIP **TAMPA, FL 33618**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
D, V.P. Carol Rehfeld
STREET ADDRESS **5202 Rawls Rd**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☒ Addition
D Karen Borden
STREET ADDRESS **11778 N. Dale Mabry**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE NAME ☐ Change ☒ Addition
D Lorraine Constantine
STREET ADDRESS **11778 N. Dale Mabry**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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:

Jerry Davies, Treasurer

3-21-04

813-269-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #