

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704319

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** NORTH TAMPA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

5202 RAWLS RD.  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

3837 NORTHDAL BLVD  
STE 351  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 59-0973498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REHFELT, CAROL  
5202 RAWLS RD.  
TAMPA, FL 33624 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: P ( ) Delete  
Name: REHFELT, CAROL  
Address: 5202 RAWLS RD  
City-St-Zip: TAMPA, FL 33624

Title: VP (X) Delete  
Name: HORTON, DENNIS  
Address: 5202 RAWLS RD.  
City-St-Zip: TAMPA, FL 33624

Title: S ( ) Delete  
Name: ENCINOSE, RASANNA  
Address: 5202 RAWLS RD.  
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete  
Name: DAVIES, JERRY  
Address: 3837 NORTHDAL BLVD. #351  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: EAMES, KRISTY  
Address: 5202 RAWLS RD.  
City-St-Zip: TAMPA, FL 33624

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: JERRY DAVIES

T

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date