# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 10 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704947 (1)

1. Corporation Name
DUNEDIN CHAMBER OF COMMERCE INC

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 301 MAIN STREET<br>DUNEDIN FL 34698-2733 | 301 MAIN STREET<br>DUNEDIN FL 34698-2733 |

3. Date Incorporated or Qualified: 12/18/1962
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-0587209 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 301 Main ST | 26 301 Main ST |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Dunedin Fl. | 28 City & State: Dunedin Fl |
| 24 Zip: 34698 25 Country: USA | 29 Zip: 34698 30 Country: USA |

9. Name and Address of Current Registered Agent

MCGARR, PATRICIA C.
301 MAIN ST
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001536270 -07/12/95--01036--004 ****130.00 FL
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ADVISOR | 1.1 TITLE | Advisor D ☒ Change ☐ Addition |
| NAME | DOWNING, RITA | 1.2 NAME | DOWNING, RITA |
| STREET ADDRESS | 1255 BELCHER ROAD, NORTH | 1.3 STREET ADDRESS | 1255 Belcher Road North |
| CITY-ST-ZIP | DUNEDIN FL | 1.4 CITY-ST-ZIP | Dunedin, Fl 34698 |
| TITLE | P. | 2.1 TITLE | P D ☒ Change ☐ Addition |
| NAME | HODGES, KEN | 2.2 NAME | HODGES,KEN |
| STREET ADDRESS | 1320 MAIN STREET | 2.3 STREET ADDRESS | 1320 Main St. |
| CITY-ST-ZIP | DUNEDIN FL | 2.4 CITY-ST-ZIP | Dunedin, Fl 34698 |
| TITLE | EV | 3.1 TITLE | EV D ☒ Change ☐ Addition |
| NAME | MCGARR, PATRICIA C | 3.2 NAME | MCGARR, PATRICIA C |
| STREET ADDRESS | 301 MAIN STREET | 3.3 STREET ADDRESS | 301 Main St. |
| CITY-ST-ZIP | DUNEDIN, FL 00000 | 3.4 CITY-ST-ZIP | Dunedin, Fl34698 |
| TITLE | P-Elect | 4.1 TITLE | P=Elect D ☒ Change ☐ Addition |
| NAME | DONOGHUE, KEVIN | 4.2 NAME | DONOGHUE, KEVIN |
| STREET ADDRESS | 29605 U.S. HWY 19 N. | 4.3 STREET ADDRESS | 29605 U.S. Hwy 19 N. |
| CITY-ST-ZIP | CLEARWATER FL | 4.4 CITY-ST-ZIP | Clearwater, Fl |
| TITLE | D | 5.1 TITLE | ☒ Change ☐ Addition |
| NAME | ROMAN, MARK | 5.2 NAME | |
| STREET ADDRESS | 2340 MAIN STREET STE L | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNEDIN FL | 5.4 CITY-ST-ZIP | |
| TITLE | V | 6.1 TITLE | V D ☒ Change ☐ Addition |
| NAME | MASSARO, DAN | 6.2 NAME | MASSARO, DAN |
| STREET ADDRESS | 312 MAIN ST. | 6.3 STREET ADDRESS | 312 Main St. |
| CITY-ST-ZIP | DUNEDIN FL 34698 | 6.4 CITY-ST-ZIP | Dunedin, Fl 34698 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia C. McGarr Patricia C. McGarr 813-733-3197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Exec-V.P.

0020010