

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704947 (1)

1. Corporation Name

DUNEDIN CHAMBER OF COMMERCE INC



Principal Place of Business

Mailing Address

301 MAIN ST
DUNEDIN 34698

301 MAIN ST
DUNEDIN 34698

3. Date Incorporated or Qualified
12/18/1962

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0587209

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGARR, PATRICIA C.
301 MAIN ST
DUNEDIN FL 34698

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

3-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AD	<input checked="" type="checkbox"/> DELETE
NAME	DOWNING, RITA	
STREET ADDRESS	1255 BELCHER ROAD, NORTH	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, KEN	
STREET ADDRESS	1320 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	MCGARR, PATRICIA C	
STREET ADDRESS	301 MAIN ST	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	DONOGHUE, KEVIN	
STREET ADDRESS	29605 U.S. HWY 19 N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MASSARO, DAN	
STREET ADDRESS	312 MAIN ST.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ken Hodges	
1.3 STREET ADDRESS	2550 Highlands Blvd. N	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kevin Donoghue	
2.3 STREET ADDRESS	29605 U.S. Hwy 19 Suite 140	
2.4 CITY-ST-ZIP	Clearwater, FL 34621	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard R. David	
4.3 STREET ADDRESS	908 Cleveland St.	
4.4 CITY-ST-ZIP	Clearwater, FL 34615	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dan Massaro	
5.3 STREET ADDRESS	305 Main St.	
5.4 CITY-ST-ZIP	Dunedin, FL 34698	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date

813/733-3197

Daytime Phone #

CR2E037 (12/95)