

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704947** (1)  
1. Corporation Name  
**THE GREATER DUNEDIN CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>301 MAIN ST DUNEDIN 34698</b>	Mailing Address <b>301 MAIN ST DUNEDIN 34698-5733</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified <b>12/18/1962</b>		3a. Date of Last Report <b>03/29/1996</b>	
4. FEI Number <b>59-0587209</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>MCGARR, PATRICIA C. 301 MAIN ST DUNEDIN FL 34698</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>Robert E. Bellavance 301 Main St.</b> 83 84 City <b>Dunedin</b> FL 85 Zip Code <b>34698</b>			
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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 **ROBERT E. BELLAVANCE EXEC.V.P.** *Robert E. Bellavance* 3/5/97  
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	AD	<input type="checkbox"/> DELETE	1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HODGES, KEN		1.2 NAME	Charles Klein			
STREET ADDRESS	2550 HIGHLANDS BLVD N		1.3 STREET ADDRESS	249 Main St.			
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	Dunedin, FL 34698			
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONOGHUE, KEVIN		2.2 NAME	Richard David			
STREET ADDRESS	29605 US HWY 19 SUITE 140		2.3 STREET ADDRESS	908 Cleveland St.			
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Clearwater, FL 34615			
TITLE	EVD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGARR, PATRICIA C		3.2 NAME	Robert E. Bellavance			
STREET ADDRESS	301 MAIN ST		3.3 STREET ADDRESS	2339 Demaret Dr.			
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	Dunedin, FL 34698			
TITLE	PED	<input type="checkbox"/> DELETE	4.1 TITLE	President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVID, RICAHRD		4.2 NAME	G. Michael Mackenzie			
STREET ADDRESS	908 CLEVELAND STREET		4.3 STREET ADDRESS	1361 Sago Court			
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Dunedin, FL 34698			
TITLE	C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Advisor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSARO, DAN		5.2 NAME	Ken Hodges			
STREET ADDRESS	305 MAIN STREET		5.3 STREET ADDRESS	1320 Main ST.			
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP	Dunedin, FL 34698			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 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: *Robert E. Bellavance* 3/5/97 813/733-3197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0089374

CR2E037 (9/96)