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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90065 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 704947</b>					
1. Corporation Name <b>THE GREATER DUNEDIN CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>301 MAIN ST DUNEDIN 34698</b>			Mailing Address <b>301 MAIN ST DUNEDIN 34698</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/18/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0587209	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BELLAVANCE, ROBERT E 301 MAIN ST DUNEDIN FL 34698</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CED	1.1 TITLE	Chrm
NAME	HILL, PAULETTE	1.2 NAME	
STREET ADDRESS	35321 US HWY 19	1.3 STREET ADDRESS	2424 Enterprise Rd P.O. Box 14358
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	Clearwater, FL 33766-4358
TITLE	CD	2.1 TITLE	
NAME	MACKENZIE, G. MICHAEL	2.2 NAME	
STREET ADDRESS	1361 SAGO COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	
TITLE	ADD	3.1 TITLE	
NAME	DAVID, RICHARD	3.2 NAME	
STREET ADDRESS	17757 US 19 SUITE 660	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VP
NAME	KLEIN, CHARLES	4.2 NAME	
STREET ADDRESS	249 MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	4.4 CITY-ST-ZIP	
TITLE	PCEO	5.1 TITLE	
NAME	BELLAVANCE, ROBERT E	5.2 NAME	
STREET ADDRESS	2339 DEMARET DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	TR
NAME		6.2 NAME	Ann Paxton
STREET ADDRESS		6.3 STREET ADDRESS	249 Main St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dunedin, FL 34698

14. 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 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, with all other like empowered.

SIGNATURE: Robert E. Bellavance 1-13-99 727/733-3197  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)