


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 041 ****61.25

DOCUMENT # 707141	
1. Entity Name	
DE SOTO COUNTY CHAMBER OF COMMERCE INCORPORATED	

Principal Place of Business	Mailing Address
16 S. VOLUSIA AVENUE ARCADIA FL 33821	16 SOUTH VOLUISA AVE. ARCADIA FL 34266 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-0578706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
AMES, ANDEW T CPA 128 W. OAK ST ARCADIA FL 34266	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
GILEHRIST, VALERIE	1277 SE 1ST AVE. ARCADIA FL 34266	President Kim Spencer	20610 Tappan Lee Dr. Pt Charlotte FL 33952
VPD	LANGE, PATRICK	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	2288 NW BROWNVILLE ST. ARCADIA FL 34266		
VPD	HOTH, DONNA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	PO BOX 1492 ARCADIA FL 34265		
SD	SPENCER, KIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	20610 TAPPAN LEE DR. PORT CHARLOTTE FL 33952		
TD	SMITH, JEFF	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	1925 NE RHODE ISLAND ST. ARCADIA FL 34266		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-05

Date

803-494-4033

Daytime Phone #