

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 # 707495 (8)

1. Corporation Name

GREATER LARGO CHAMBER OF COMMERCE INC



Principal Place of Business

Mailing Address

395 1ST AV S W
LARGO FL 34640

395 1ST AV S W
LARGO FL 34640

3. Date Incorporated or Qualified

06/29/1964

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0703345

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

HEASTON, MARY S.
395 1ST AVE SW
LARGO FL 34640

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

MARY S. HEASTON

Mary S. Heaston

2-13-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	BRANKS, WILLIAM	
STREET ADDRESS	1200 STARKEY RD.	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	AYERS, JAMES T	
STREET ADDRESS	567 S DUNCAN AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FORD, EDWIN	
STREET ADDRESS	2310 W. BAY DR.	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	DOMINICK, GERALD	
STREET ADDRESS	567 ULMERTON RD	
CITY-ST-ZIP	LARGO FL	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	LARSON, ROGER	
STREET ADDRESS	2120 U.S. HWY. 19S	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DPP	<input type="checkbox"/> DELETE
NAME	ALAND, PATRICK	
STREET ADDRESS	511 W BAY DR	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEFFREY A. COLLINS	
1.3 STREET ADDRESS	2025 INDIAN ROCKS RD.	
1.4 CITY-ST-ZIP	LARGO FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

Jeffrey A. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-96 813-584-2321

CR2E037 (12/95)