


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 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
--	---	---

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 33770	395 1ST AV S W LARGO FL 33770-0511

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1964		3a. Date of Last Report 02/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0703345		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 33770				81 Name LARRY MALTA 82 Street Address (P.O. Box Number is Not Acceptable) 395 1ST AVE SW 83 84 City LARGO, FL 85 Zip Code 33770			

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: *L. Malta* LARRY MALTA, EUP. DATE: 1/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JEFFREY A	1.2 NAME	COLLINS, JEFFREY A.
STREET ADDRESS	2025 INDIAN ROCKS ROAD	1.3 STREET ADDRESS	2025 INDIAN ROCKS RD
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO, FL 33774
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYERS, JAMES T	2.2 NAME	LANA SCHUTTE
STREET ADDRESS	567 S DUNCAN AVE.	2.3 STREET ADDRESS	601 INDIAN ROCKS RD
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	BELLEAIR, FL 34616
TITLE	PPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, EDWIN	3.2 NAME	DR. DON MORGAN
STREET ADDRESS	2310 W. BAY DR.	3.3 STREET ADDRESS	320 N. INDIAN ROCKS RD.
CITY-ST-ZIP	LARGO, FL 00000	3.4 CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770
TITLE	PPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINICK, GERALD	4.2 NAME	MICHAEL BOLLENBACK
STREET ADDRESS	567 ULMERTON RD	4.3 STREET ADDRESS	1006 PINELLAS STREET
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	PPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, ROGER	5.2 NAME	MARY MCMANUS
STREET ADDRESS	2120 U.S. HWY. 19S	5.3 STREET ADDRESS	79 OVERBROOK DRIVE
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	LARGO FL 33770
TITLE	DPP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAND, PATRICK	6.2 NAME	BOB SYMANSKI
STREET ADDRESS	511 W BAY DR	6.3 STREET ADDRESS	1301 SEMINOLE BLVD SUITE 115
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	LARGO FL 33770

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: *L. Malta* LARRY MALTA DATE: 1/8/97 DAYTIME PHONE: 313-584-2321

CR2E037 (9/96)