## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

21 395 1st Ave SW

395 1ST AV S W

**LARGO FL 33770** 

707495

(8)

Mailing Address

395 1ST AV S W

LARGO FL 33770

2a. Mailing Address

395 1st Ave SW

## GREATER LARGO CHAMBER OF COMMERCE INC

Suite, Apt	# atc	Cuito Ant 4 sta						Fee F	Required
22		Suite, Apt. #, etc.				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
City & State City & State						7. Is this nonprofit corporation a ho			
23 Large	) <u></u>	28 Largo				F 13 this nonprofit corporation a fig	Yes v	ASSOCIATIO	on'r
Zip	Country	Zip St	Cou	intry		8. This corporation owes or has pa			
24 33770	_   10   000	29 33770	30 U	SA		Personal Property Tax due June		Yes X	
	9. Name and Address of Current F	Registered Agent	,	Γ		10. Name and Address of New Re			Z 140
					ame		<u></u>	,,,,,	
MALTA, LARRY				Marc Mansfield					
395 1ST AVE SW				82 Street Address (P.O. Box Number is Not Acceptable) 395 1st Ave SW					
LARGO FL 33770					393. IS	I Ave Sw			
				<b>84</b> Ci				<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 617 0502 a	nd 617 1508. Florida Statutos	tho at	20160 20	<u>Largo</u>		<u>FL</u>	3.3	3770
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 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.									
agent Familiar with, and accupiting obligations of, Section 617,0503, Florida Statutes.									
SIGNATURE	Marc Mansfield, Pres Signature, typed or printed name of registered agent ar	ident	[[LA		Vanne	when reinstating)		4/29/	98
12.	OFFICERS AND D		13.	i Agont sig	naiore required		DATE	UDE OF A	
TITLE	P	DELETE	1.1 10	LF.	$-\nu$	ADDITIONS/CHANGES TO OFFICE		Change	
NAME	COLLINS, JEFFREY A	AA	1.2 NA		Ď,		<b>ļ</b>	T change	XXAddition
STREET ADDRESS	2025 INDIAN ROCKS ROAD			reet addr		mesh Parekh			
CITY-ST-ZIP	LARGO FL			TY-ST-ZIP	2/0	00 East Bay Dr #107			ł
TITLE	PD 、	XX DELETE	2.1 TIT		Larg	30, Fl. 33770		Change	Addition
NAME	SCHUTTE, LANA	XX	2.2 NA				L.	1 CHAILUS	☐ Addition
STREET ADDRESS	601 INDIAN ROCKS RD		4	neet addr	ree				i
CITY-ST-ZIP	<b>B</b> ELLEAIR FL		1	TY-ST-ZIP					
TITLE	VD	DELETE	3.1 TITI				- t-	Change	Addition
NAME	MORGAN, DON D		3.2 NAI	ME	Br	Don Morgan	A.,	Y Cularibo	Addition
STREET ADDRESS	\$20 N INDIAN ROCKS RD			neet addri	ESS 320	N Indian Rocks Rd.			
CITY-ST-ZIP	<b>B</b> ELLEAIR BLUFFS FL			TY-ST-ZIP			חביבים		
TITLE	VO	DELETE	4.1 TiTl		1	leair Bluffs, FL 3	37.70	Change	Addition
NAME	<b>BOLLENBACK, MICHAEL</b>		4, 2 NA	ME	D		ж.	Commige	
STREET ADDRESS	1006 PINELLAS ST			ieet addre		hael Bollenback			İ
CITY-ST-ZIP	OLEARWATER FL			Y-ST- <i>ZI</i> P	1 100	6 Pinellas St			
TITLE	VD \	XX DELETE	5.1 TITL		- Cite	arwater, FL 33756		Change	Addition
NAME	MCMANUS, MARY	nn	5.2 NAN	ΛE				Alkingo	- AUGINON
STREET ADDRESS	79 OVERBROOK DRIVE			eet addre	ess				
CITY-ST-ZIP	LARGO FL			/-ST-ZIP	1				
TITLE	TD . //	XX DELETE	6.1 TITL		-			Change	Addition
NAME	Symanski, Bób		6.2 NAV				ت	evinniño.	L. NOUIIIUII
STREET ADDRESS	1901 SEMPRIOLE BLVD STE 115			EET ADORE	ec				ĺ
	LABORA		0.0 O IN	EL UDUKE	٠٠ <u>ا</u>				

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 the control of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the corporation 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 the corporation of the corporatio

CR2E037 (10/97)

**FILED** 

Jun 18 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

06/29/1964

59-0703345

5. Certificate of Status Desired

4. FEI Number

## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8) 707495 GREATER LARGO CHAMBER OF COMMERCE INC Principal Place of Business Mailing Address 395 1ST AV S W 395 1ST AV S W 3. Date Incorporated or Qualified LARGO FL 33770 LARGO FL 33770 06/29/1964 4. FEI Number Applied For 59-0703345 Not Applicable 2, Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 395 1st Ave SW 395 1st Ave SW 26 Fee Required Suite, Apl. #, etc Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 🔲 Yes 🙀 🖬 No 23 28 Largo argo Country Country Zip This corporation owes or has paid the current year Intangible 33770 USA 33770 USA Yes XX No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Marc Mansfield MALTA, LARRY 82 Street Address (P.O. Box Number is Not Acceptable) 395 IST AVE SW 395 1st Ave SW 83 LARGO FL 33770 City 84 Zip Code 85 33770 Largo 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. nan. SIGNATURE Marc Mansfield, President
Signature, typed or printed name of registered agent and tille it app 4/29/98 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE XXDELETE 1.1 TITLE Change Addition **COLLINS, JEFFREY A** NAME 1.2 NAME Ramesh Parekh CR2E037 2025 INDIAN ROCKS ROAD STREET ADDRESS 1.3 STREET ADDRESS 2700 East Bay Dr #107 ARGO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP argo FL 33770 XX DELETE Change Addition TITL€ PD 2.5 TITLE SCHUTTE, LANA NAME 2.2 NAME 601 INDIAN ROCKS RD STREET ADDRESS 2.3 STREET ADDRESS BELLEAUR FL-CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE Change TITLE Dr. Don Morgan MORGAN, DON D 3.2 NAME NAME \$20 N INDIAN ROCKS RD STREET ADDRESS 3.3 STREET ADDRESS 320 N Indian Rocks Rd. **B**ELLEAIR BLUFFS FL CITY-ST-ZIP 3.4. CITY - ST - ZIP Belleair Bluffs, FL DELETE Change Addition 41 Title TITLE **BOLLENBACK, MICHAEL** NAME 4.2 NAME Michael Bollenback 1006 PINELLAS ST STREET ADDRESS 4.3 STREET ADDRESS 1006 Pinellas St **OLEARWATER FL** 4.4 CITY - ST - ZIF CITY-ST-ZIP Clearwater, FL 33756 DELETE Change Addition TITLE 5.1 TITLE MCMANUS, MARY 5.2 NAME NAME 79 OVERSROOK DRIVE 5.3 STREET ADDRESS STREET ADDRESS Largo Fl CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition ZX DELETE TITLE 6.1 TITLE SYMANSKI, BÓB 6.2 NAME NAME 1301 SEMPROLE BLVD STE 115 STREET ADDRESS 6.3 STREET ADDRESS LARGO/FL CITY-ST-ZIP 6.4 CITY-ST-ZIP 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.