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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707495

1. Corporation Name

GREATER LARGO CHAMBER OF COMMERCE INC

Principal Place of Business

395 1ST AV S W
LARGO FL 33770
US

Mailing Address

395 1ST AV S W
LARGO FL 33770
US



2. Principal Place of Business

21 **151 3RD ST NW**

Suite, Apt. #, etc.

22

City & State

23 **LARGO, FL**

Zip

24 **33770**

Country

25 **US**

2a. Mailing Address

26 **PO BOX 326**

Suite, Apt. #, etc.

27

City & State

28 **LARGO, FL**

Zip

29 **33770-0326**

Country

30 **US**

3. Date Incorporated or Qualified

06/29/1964

4. FEI Number

59-0703345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MANSFIELD, MARC
395 1ST AVE SW
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

151 3RD ST NW

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **COLLINS, JEFFREY A**
STREET ADDRESS **2025 INDIAN ROCKS ROAD**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE

NAME **PAREKH, RAMESH**
STREET ADDRESS **2700 EAST BAY DRIVE, #107**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **VD** ☒ DELETE

NAME **MORGAN, DON D**
STREET ADDRESS **320 N INDIAN ROCKS RD**
CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE **VD** ☐ DELETE

NAME **BOLLENBACK, MICHAEL**
STREET ADDRESS **1006 PINELLAS ST**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **MORGAN, DR DON**
STREET ADDRESS **320 N INDIAN ROCKS RD**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE **D** ☒ DELETE

NAME **BOLLENBACK, MICHAEL**
STREET ADDRESS **1006 PINELLAS STREET**
CITY-ST-ZIP **CLEARWATER FL 33756**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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 19.07(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: **MARC MANSFIELD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

727-584-2321

Daytime Phone #

CR2E037 (1/98)