## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 707904**

FILED Jaņ 0<u>8, 2</u>010 Secretary of State

Entity Name: WEST PASCO CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5443 MAIN STREET

NEW PORT RICHEY, FL 34652 US

**Current Mailing Address: New Mailing Address:** 

5443 MAIN STREET

NEW PORT RICHEY, FL 34652 US

FEI Number: 59-0609498 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALPINE, JOSEPH 5443 MÁIN ST.

NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MICHELS, ROBIN Name: Address: 6335 U.S. HIGHWAY 19

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

Name: DUNNING, CHRIS Address: 1410 SWEETBRIAR DRIVE City-St-Zip: HOLIDAY, FL 34691 US

Title: TD

CHESNUT, PHILIP Name: Address: 5243 HANFF LANE

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

SD

Name: MILLS, BRUCE

7435 SHELDRAKE STREET Address: City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: 2VD

Name: MICK, JAMIE

8249 KRISTEL CIRCLE Address: PORT RICHEY, FL 34668 US City-St-Zip:

Title:

ALPINE, JOSEPH Name: Address: 5443 MAIN STREET

NEW PORT RICHEY, FL 34652 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOE ALPINE **PRES** 01/08/2010