2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708782

FILED Jan 18, 2007 Secretary of State

Entity Name: GREATER TAMPA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 615 CHANNELSIDE DR STE 108 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** P.O. BOX 420 TAMPA, FL 336010420 FEI Number: 59-0474960 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: SCHEELER, KIM 615 CHANNELSIDE DR STE108 TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCHEELER, KIM Name: Name: 615 CHANNELSIDE DR STE 108 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: (X) Change () Addition SALAMONE, MARCIE A Name: Name: MCSHEFFREY, JONATHAN D Address: 615 CHANNELSIDE DR STE 108 Address: 615 CHANNELSIDE DR STE 108 City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: (X) Change () Addition VALIENTE, JOSE Name: MCCLURE, FREDRICK Name: 1715 N WEST SHORE BLVD STE 950 101 E KENNEDY BLVD, STE 2000 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: (X) Change () Addition MCCLURE, FREDRICK Name: Name: GENSHAFT, JUDY 101 E KENNEDY BLVD, STE 2000 Address: Address: 4202 E. FOWLER AVE City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33620 Title: () Delete Title: (X) Change () Addition GENSHAFT, JUDY GONZALEZ, HENRY Name: Name: 4202 E FOWLER AVE 601 BAYSHORE BOULEVARD Address: Address: City-St-Zip: TAMPA, FL 33620 City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JONATHAN MCSHEFFREY V 01/18/2007