2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# 708782

Entity Name: GREATER TAMPA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

615 CHANNELSIDE DR
STE 108
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420
TAMPA, FL 336010420

New Mailing Address:

FEI Number: 59-0474960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEELER, KIM
615 CHANNELSIDE DR
STE108
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	SCHEELER, KIM	
Address:	615 CHANNELSIDE DR STE 108	
City-St-Zip:	TAMPA, FL 33602	
Title:	V	( ) Delete
Name:	MCSHEFFREY, JONATHAN D	
Address:	615 CHANNELSIDE DR STE 108	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	MCCLURE, FREDRICK	
Address:	101 E KENNEDY BLVD, STE 2000	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	GENSHAFT, JUDY	
Address:	4202 E. FOWLER AVE	
City-St-Zip:	TAMPA, FL 33620	
Title:	DTS	( ) Delete
Name:	GONZALEZ, HENRY	
Address:	601 BAYSHORE BOULEVARD	
City-St-Zip:	TAMPA, FL 33601	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GENSHAFT, JUDY	
Address:	4202 E. FOWLER AVE	
City-St-Zip:	TAMPA, FL 33620	
Title:	D	(X) Change ( ) Addition
Name:	GONZALEZ, HENRY	
Address:	601 BAYSHORE BOULEVARD	
City-St-Zip:	TAMPA, FL 33601	
Title:	DTS	(X) Change ( ) Addition
Name:	SYKES, CHUCK	
Address:	400 N. ASHLEY DRIVE SUITE 2800	
City-St-Zip:	TAMPA, FL 33602	

I hereby certify that the information supplied with this filing does not qualify 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: KIM SCHEELER P 02/07/2008

Electronic Signature of Signing Officer or Director — Date