## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

709279

(4)

## GREATER SARASOTA CHAMBER OF COMMERCE, INC.

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Principal Place of Business Mailing Address									) \$50011 OF SET BOSIN INCOME CHIEF IN	AIN LAIL BIRIT SI	Dit Blatt Old	itt ninti amır tanı	
1819 MAIN ST SUITE 240 SARASOTA FL 34236-2983			SI	1819 MAIN ST SUITE 240 SARASOTA FL 34236-5983									
SANASOTA FE	34500-5000	· ·	Granico in Ta Grand Wood				ſ	3. Date Incorporated or Qualified 07/07/1965	3a. Da	te of Last 02/16/			
Principal Place of Business 21				2a. Mailing Address					4. FEI Number Applied For S9-0435955 Not Applied be				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired				
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				Zip Country				8. This corporation has liability for intangible tax under s. 199.032,					
24	25				30				Florida Statutes X Yes No				
Name and Address of Current Registered Agent							10. Name and Address of New Registered Ag				Agent		
					ļ	81	Name						
MAY, DAVID L 1819 MAIN ST						82	Street	Address	ddress (P.O. Box Number is Not Acceptable)				
SUITE 240					Ī	63							
SARASO	OTA FL 342	236-2983			Ì	В4	City			FL	85 Zi	ip Code	
office or re	enistered an	ions of Sections 617.05 lent, or both, in the Stat th, and accept the obli	e of Flori	da. Such change was :	authorizac	ırı b	the corr	corpora	ation submits this statement for the 's board of directors. I hereby acc	purpose of cept the app	changing ointment	) its registered as registered	
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R							ent signature	required v	when reinstaling) ADDITIONS/CHANGES TO OF	DATE	DIRECT	ODS IN 12	
12.	PSD	OFFICERS A	NO DINE	DELETE	13.	1F	···	Τ	ADDITIONS/CHANGES TO OF	FIOENS AND	Chang		
NAME		AVAD I			1.2 NA		l						
STREET ADDRESS	MAY, DAVID L ADDRESS 1819 MAIN ST, STE 240				1.3 STREET ADDRESS								
CITY-ST-ZIP		OTA FL					T-ZIP						
TITLE	D	OIN IL		DELETE	2.1 117	_	71-211	<b></b>			Chang	e Addition	
NAME	GEORG	BE, CLAUDIA			2.2 NA	ME						)	
STREET ADDRESS		PINEAPPLE STE. 10	6	235		2.3 STREET ADDRESS							
CITY - ST - ZIP	SARAS				2 4 0	ITY-S	ST-ZIP						
TITLE	TD			☐ DELETE	31 TI	LE		D	<u> </u>		Chang	e Addition	
NAME	LANE,	Robert			3.2 N	ME						]	
STREET ADDRESS	1858 R	ingling blvd			3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	SARAS	OTA FL			3.4. C	TY+	ST-ZIP	İ					
TITLE	D			☐ DELETE	4.1 10	LE					Chang	ge Addition	
NAME		it, Michael			4. 2 N	AME							
STREET ADDRESS		TAMIAMI TR.			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP	SARAS	OTA FL			4.4 CI	TY - S	ST-ZIP				·	<b></b>	
TITLE				☐ DELETE	5.1 7(1			TD			Chang	e 🔀 Addition	
NAME					5.2 N/				SCIO, JOE			}	
STREET ADDRESS							ADDRESS	1	OI S. TAMIAMI TR.			,	
CITY-ST-ZIP						_	ST-ZIP	SAR	ASOTA FL 34238		T-1 A		
TITLE				DELETE	6.1 TI						Chang	ge 🔲 Addition	
NAME					6.2 N/								
STREET ADDRESS					-		ADDRESS					1	
CITY ST. 7IP	)				64 0	TY-S	ST - 71P	ì					

14. I do 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 it changed, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING

DECLIPE PAVID L. MAY

X 1/10/97 (941) 95

**FILED** 

Jan 27 1997 8:00am

Secretary of State

91) 955 - 8 (8")

Daytime Phone # 0001154