

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709279 (4)
 1. Corporation Name
GREATER SARASOTA CHAMBER OF COMMERCE, INC.



Principal Place of Business 1819 MAIN ST SUITE 240 SARASOTA FL 34236-2983	Mailing Address 1819 MAIN ST SUITE 240 SARASOTA FL 34236-2983
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3. Date Incorporated or Qualified 07/07/1965	4. FEI Number 59-0435955	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAY, DAVID L
1819 MAIN ST
SUITE 240
SARASOTA FL 34236-2983

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, DAVID L	1.2 NAME	TD Williams, Scott
STREET ADDRESS	1819 MAIN ST, STE 240	1.3 STREET ADDRESS	1549 Ringling Blvd.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, ROBERT	2.2 NAME	CD Freedman, Joel
STREET ADDRESS	1658 RINGLING BLVD	2.3 STREET ADDRESS	78 Sarasota Center Blvd
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota FL 34240
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVERT, MICHAEL	3.2 NAME	
STREET ADDRESS	1700 S TAMiami TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCIZO, JOE	4.2 NAME	
STREET ADDRESS	8201 SOUTH TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: **X [Signature]** **REQUIRED** **X 1/29/98** **941-955-2508 x225**

CR2E037 (10/97)