

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709279

**FILED**  
**Jan 15, 2004**  
**Secretary of State**

**Entity Name:** GREATER SARASOTA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1945 FRUITVILLE RD  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1945 FRUITVILLE RD  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 59-0435955      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RICHARDS, REX  
1945 FRUITVILLE RD  
SARASOTA, FL 34236      US

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

QUEIOR, STEPHEN M  
1945 FRUITVILLE RD  
SARASOTA, FL 34236      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: STEPHEN M. QUEIOR      01/15/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: RICHARDS, REX  
Address: 1945 FRUITVILLE ROAD  
City-St-Zip: SARASOTA, FL 34236

Title: CD      ( ) Delete  
Name: CLARKE, TIM  
Address: 333 N. ORANGE AVE  
City-St-Zip: SARASOTA, FL 34236

Title: D      ( ) Delete  
Name: STAFFORD, JOHN T  
Address: 8592 POTTER PARK DR. #200  
City-St-Zip: SARASOTA, FL 34238

Title: TD      ( ) Delete  
Name: BAUMANN, CHARLES  
Address: 1945 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD      (X) Change ( ) Addition  
Name: QUEIOR, STEPHEN M  
Address: 1945 FRUITVILLE ROAD  
City-St-Zip: SARASOTA, FL 34236

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: MURPHY, CHARLES O  
Address: P.O. BOX 4256  
City-St-Zip: SARASOTA, FL 34240

Title: TD      (X) Change ( ) Addition  
Name: HARGREAVES, KATHLEEN A  
Address: 1858 RINGLING BLVD.  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN M. QUEIOR      PSD      01/15/2004  
Electronic Signature of Signing Officer or Director      Date