

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709279

FILED  
Apr 20, 2005  
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:**

QUEIOR, STEPHEN M  
1945 FRUITVILLE RD  
SARASOTA, FL 34236      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: PSD ( ) Delete  
Name: QUEIOR, STEPHEN M  
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: MURPHY, CHARLES O  
Address: P.O. BOX 4256  
City-St-Zip: SARASOTA, FL 34240

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: MACFARLIN, DIANE H  
Address: 801 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34236

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

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

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date