

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711539

FILED
Apr 16, 2008
Secretary of State

Entity Name: GREATER MIAMI SHORES CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

9701 NE 2ND AVE.
MIAMI SHORES, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

9701 NE 2ND AVE.
MIAMI SHORES, FL 33138

New Mailing Address:

9701 NE 2ND AVE.
MIAMI SHORES, FL 33138 US

FEI Number: 59-0822321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLI, LEWIS E
9701 NE 2ND AVENUE
MIAMI SHORES, FL 33138 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: D () Delete
Name: CAMP, S. LOWRY DDS
Address: 2000 TOWERSIDE TERR., #906
City-St-Zip: MIAMI, FL 33138

Title: DVP () Delete
Name: BOURNE, ROBERT
Address: 700 NE 90TH STREET
City-St-Zip: MIAMI, FL 33138

Title: DP () Delete
Name: WATERMAN, LYNN S
Address: 9701 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

Title: DT () Delete
Name: PIPER, MARK
Address: 201 ALHAMBRA CIRCLE #703
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP () Delete
Name: KLUCK, GEORGE' .
Address: 9701 NE 5TH AVENUE ROAD
City-St-Zip: MIAMI SHORES, FL 33138

Title: P () Delete
Name: STORESBERRY, DOUGLAS DR
Address: 9204 NE 6TH AVE-
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MC COY, JAMES
Address: 325 NE 96TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D (X) Change () Addition
Name: BOURNE, ROBERT
Address: 700 NE 90TH STREET
City-St-Zip: MIAMI, FL 33138

Title: DVP (X) Change () Addition
Name: WATERMAN, LYNN S
Address: 9701 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

Title: DVP (X) Change () Addition
Name: PIPER, MARK
Address: 201 ALHAMBRA CIRCLE #703
City-St-Zip: CORAL GABLES, FL 33134

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

Title: P (X) Change () Addition
Name: STOKESBERRY, DOUGLAS DMD
Address: 9204 NE 6TH AVE-
City-St-Zip: MIAMI SHORES, FL 33138

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: DOUGLAS STOKESBERRY

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date