

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711539

FILED  
Mar 18, 2009  
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 US

**New Mailing Address:**

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

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

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

Title: DVP ( ) 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: STOKESBERRY, DOUGLAS DMD  
Address: 9204 NE 6TH AVE-  
City-St-Zip: MIAMI SHORES, FL 33138

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

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

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

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

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

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

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

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

03/18/2009

Electronic Signature of Signing Officer or Director

Date