

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713106 (3)  
1. Corporation Name  
THE TREASURE ISLAND CHAMBER OF COMMERCE, INC.



Principal Place of Business  
152 108TH AVENUE  
TREASURE ISLAND FL 33706

Mailing Address  
152 108TH AVENUE  
TREASURE ISLAND FL 33706

3. Date Incorporated or Qualified  
07/25/1967

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0757284	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FANT, JULIAN, W  
152-108TH AVENUE  
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name  
JAMES DI BONA

82 Street Address (P.O. Box Number is Not Acceptable)  
152 108TH AVE

83

84 City  
TREASURE ISLAND FL 85 Zip Code  
33706

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 JAMES DI BONA, EXECUTIVE DIR.

(NOTE: Registered Agent signature required when registering)

DATE

2/1/96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAYLOR, RICK	
STREET ADDRESS	10601 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUPEIRE, PEGGY	
STREET ADDRESS	12000 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOOGERHEYDE, KEITH	
STREET ADDRESS	11908 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DALY, DEBRA	
STREET ADDRESS	175 107TH AVENUE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PADGETT, JAN	
STREET ADDRESS	12274 1ST STREET, W., #8B	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TAYLOR, RICK	
1.3 STREET ADDRESS	10601 GULF BLVD	
1.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELLSWORTH, IRVING	
2.3 STREET ADDRESS	12209 KINGFISH DRIVE	
2.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SLICK, DOUGLAS	
3.3 STREET ADDRESS	12209 SUNSHINE LANE	
3.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VOLMAR, PETER JON	
4.3 STREET ADDRESS	265 108TH AVE	
4.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK TAYLOR  
PRESIDENT

2/1/96

Date

367-4529

Daytime Phone #

CR2E037 (12/95)