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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 716344 (7)

1. Corporation Name

WOMEN'S CHAMBER OF COMMERCE OF THE GREATER GULF
BEACHES, INC.

Principal Place of Business

Mailing Address

429 88TH AVE. ST. PETE BCH. FL 33706
P.O. BOX 9206
TREASURE ISLAND FL 33740

P.O. BOX 47402
ST. PETERSBURG FL 33743-7402



3. Date Incorporated or Qualified
04/10/1969

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

4. FEI Number

59-6189461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, JEAN MARIE
255A 110TH AVENUE
TREASURE ISLAND FL 33706

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME OGDEN, GLADYS
STREET ADDRESS 5401 ALOHA DR
CITY-ST-ZIP ST PETERSBURG FL

TITLE SRD ☐ DELETE
NAME TATE, BETTY
STREET ADDRESS 7691 COQUINA WAY
CITY-ST-ZIP ST PETERSBURG BCH FL 33706

TITLE TD ☐ DELETE
NAME WESTBURY, CAROLINE
STREET ADDRESS 1900 68TH ST NO #306
CITY-ST-ZIP ST PETERSBURG FL

TITLE P ☐ DELETE
NAME BUZZA, DITTY
STREET ADDRESS 4724 OVERLOOK DR NE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME JEAN SAWYER
1.3 STREET ADDRESS 10063 S. YACHT CLUB DR.
1.4 CITY-ST-ZIP TREASURE ISLAND FL 33706

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DIRECTOR AT LARGE ☒ Change ☐ Addition
4.2 NAME DITTY BUZZA
4.3 STREET ADDRESS 4724 OVERLOOK DR. NE
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone # 0051514

CR2E037 (9/96)