SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Aug 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716344

(7)

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

Principal Place	e of Business	Mailing Address			
429 88TH AVE., ST, PETE BCH., FL. 33706 P.O. BOX 47402 P.O. BOX 8206 ST, PETERSBURG FL 33745			3	Date incorporated or Qualified     04/10/1969	
TREASURE ISL	AND FL 33740			4. FEI Number Applied	For
				<b>59-6189461</b> Not App	
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?  Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible	
24	25		30	Personal Property Tax due June 30. Yes No	
·· <del></del>	9. Name and Address of Curren	Registered Agent	10. Name and Address of New Registered Agent		
			81 Name		
WOLFE, JEAN MARIE			62 Street A	Address (P.O. Box Number is Not Acceptable)	
255A 110TH AVENUE			63		
TREASURE	E ISLAND FL 33706		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 AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12
TITLE	P	DELETE	1.1 TITLE	P Change	Addition
NAME	SAWYER134CAN	_	1.2 NAME	NANCY FREDERICH	
STREET ADDRESS	10063 S YACHT CLUB DRIVE		1.3 STREET ADDRESS	1 KEY CAPRI 702E	
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZiP	TREASURE ISLAND, FL. 33706	
TITLE	SRD	DELETE	2.1 TITLE	SRD Change 🔀	Addition
NAME	TATE, BETTY	•	2.2 NAME	JEANNE KILMER	
STREET ADDRESS	7691 COQUINA WAY		2.3 STREET ADDRESS	4212 POINSETTIA DR.	
CITY-ST-ZIP	ST PETERSBURG BCH FL 3370	β	2.4 CITY-ST-ZIP	ST. PETE BEACH, FL. 33706	
TITLE	TD	DELETE	3.1 TITLE	Change	Addition
NAME	WESTBURY, CAROLINE		3.2 NAME		
STREET ADDRESS	1000 00111 01 110 11011		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST_PETERSBURG FL		3.4 CITY-ST-ZIP		<del></del>
TITLE	D	DELETE	4.1 TITLE	Change L	Addition
NAME	BUZZA, DITTY		4.2 NAME		12
STREET ADDRESS	1101 01010		4.3 STREET ADDRESS	#10/1	ノブ
CITY-ST-ZIP	ST, PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE		L DELETE	6.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		A A dia
TITLE		DELETE		0000026203 <b>6</b> 0	Addition
NAME			6.2 NAME	<b>-08/20/98</b> 01003 <b>01</b> 1	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for the	6.4 CITY-ST-ZIP	n section 110 07/3VI). Floride Statutes, I further certify that the information	on .
In the position of the component of the					

NAME OF BIGNING OFFICER OR DIRECTOR