

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716344

1. Corporation Name

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

Principal Place of Business

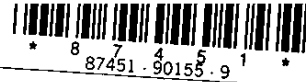
429 88TH AVE., ST. PETE BCH., FL 33706  
P.O. BOX 9206  
TREASURE ISLAND FL 33740

Mailing Address

P.O. BOX 47402  
ST. PETERSBURG FL 33743

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

02-20-1999 90155 009 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/10/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6189461	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
WOLFE, JEAN MARIE 255A 110TH AVENUE TREASURE ISLAND FL 33706				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	FREDERICH, NANCY		
STREET ADDRESS	1 KEY CAPRI 702E		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		
TITLE	SRD	<input type="checkbox"/> DELETE	
NAME	KILMER, JEANNE		
STREET ADDRESS	4212 POINSETTIA DRIVE		
CITY-ST-ZIP	ST. PETERSBURG FL 33706		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	WESTBURY, CAROLINE		
STREET ADDRESS	1900 68TH ST NO #306		
CITY-ST-ZIP	ST PETERSBURG FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BUZZA, DITTY		
STREET ADDRESS	4724 OVERLOOK DR NE		
CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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, with all other like empowered.

SIGNATURE:

*Nancy Frederich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NANCY FREDERICH

2-6-99 360-0535  
Date Daytime Phone #

CR2E037 (11/98)