


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90026 025 ****61.25

DOCUMENT # 716344			
1. Entity Name WOMEN'S CHAMBER OF COMMERCE OF THE GREATER GULF BEACHES, INC.			
Principal Place of Business 429 88TH AVE., ST. PETE BCH., FL. 337 P.O. BOX 9206 TREASURE ISLAND FL 33740		Mailing Address P.O. BOX 47402 ST. PETERSBURG FL 33743	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-6189461		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, JEAN MARIE 255A 110TH AVENUE TREASURE ISLAND FL 33706		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDT, LORETTA 5840 SKIMMER PT SOUTH GULFPORT FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marsha Morrison 1552 67th St. N St. Petersburg, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNEY, SHARON 7400 SUN ISLAND DR. #810 S. PASADENA FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Linda Cooley 2817 Skimmer Point Dr. S Gulfport, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMISTON, NANETTE 6927 SOUTH SHORE DRIVE SOUTH SAINT PETERSBURG FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nanette Edmiston 6927 S. Shore Dr. S. S. Pasadena, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IPPOLITO, CLAIRE 7400 SUN ISLAND DR #810 S. PASADENA FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ruth Szemer 6472 Fairway View Blvd St. Petersburg, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARLEY, WILMA A 304 SAGO PALM ST. LARGO FL 33778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elsie Bouvier 7425 Bay Isle Dr. S. #208 S. Pasadena, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nanette Edmiston *Nanette Edmiston* 4/13/04 727-345-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #