


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90293 041 ****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. 33706 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	4. FEI Number 59-6189461	
				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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD MORRISON, MARSHA <input type="checkbox"/> Delete 1552 67TH ST., N SAINT PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Morrison, Marsha <input type="checkbox"/> Change <input type="checkbox"/> Addition 1552 67th St. N. St. Petersburg, Fl 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOLEY, LINDA <input checked="" type="checkbox"/> Delete 2817 SKIMMER POINT DR., S GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stubbs, Nancy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14381 Mark Dr., Largo, Fl 33774	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMISTON, NANETTE <input type="checkbox"/> Delete 6927 S. SHORE DR., S S. PASADENA, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Edmiston, Nanette <input type="checkbox"/> Change <input type="checkbox"/> Addition 6927 S.Shore Dr.S., S.Pasadena, Fl 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SZEMER, RUTH <input checked="" type="checkbox"/> Delete 6472 FAIRWAY VIEW BLVD SAINT PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roess, Alice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5412 Aloha Dr., St. Pete Beach, Fl 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUVIER, ELSIE <input checked="" type="checkbox"/> Delete 7425 BAY ISLE DR., S S. PASADENA, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandt, Loretta <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6327 1st.Ave, N.St. Petersburg, Fl 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>Nanette Edmiston TD / Nanette Edmiston</u> 727-345 0304 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					