


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90017 001 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		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				1st MOORE CR2E037 (10/06)	
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 NANCY FREDERICH STUBBS Street Address (P.O. Box Number is Not Acceptable) 14381 MARK DR. City LARGO FL Zip Code 33774		
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 <i>Nancy Frederick Stubb</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-28-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 FREDERICH STUBBS, NANCY 14381 MARK DR LARGO FL 33774	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOANNE DILWORTH 7300 SUN ISLAND DR., #1401 S. PASADENA FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDT, LORETTA 6327 1ST AVE N SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LORETTA SANDT 6327 1ST AVE. N. ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMISTON, NANETTE 6927 S. SHORE DR., S S. PASADENA FL 33707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR F LOUISE KANE 11682 OAKRIDGE AVE., SEMINOLE FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DILWORTH, JOANNE 7300 SUN ISLAND DR 1401 SAINT PETERSBURG FL 33707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, MARSHA 1552 67TH ST N SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMISTON, NANETTE 6929 S SHORE DR S SAINT PETERSBURG FL 33707	<input checked="" 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 exemptions contained in Section 119, 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: <i>F. Louise Kane</i> F. LOUISE KANE, DIRECTOR 3/29/2007 727 584-2121 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					