

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90211 037 \*\*\*\*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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANDT, LORETTA</b>	
STREET ADDRESS	<b>5840 SKIMMER PT SOUTH</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GUARDIA, JERRY</b>	
STREET ADDRESS	<b>5373 MAGNOLIA TRAIL</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>EDMISTON, NANETTE</b>	
STREET ADDRESS	<b>6927 SOUTH SHORE DRIVE SOUTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERRELL, RITA</b>	
STREET ADDRESS	<b>207 180TH AVENUE E</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SZEMER, RUTH A</b>	
STREET ADDRESS	<b>6472 FAIRWAY VIEW BLVD.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PDC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILNA VARLEY</b>	
STREET ADDRESS	<b>304 Sago Palm St, Largo</b>	
CITY-ST-ZIP	<b>FL 33778</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Loretta Sandt</b>	
STREET ADDRESS	<b>5840 Skimmer Pt.S.</b>	
CITY-ST-ZIP	<b>Gulfport, FL 33707</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Claire Ippolito</b>	
STREET ADDRESS	<b>7400 Sun Island Dr. #810</b>	
CITY-ST-ZIP	<b>S. Pasadena FL 33707</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nanette Edmiston</b>	
STREET ADDRESS	<b>6927 S.Shore Dr. S., S.Pasadena Fl</b>	
CITY-ST-ZIP	<b>33707</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon Barney</b>	
STREET ADDRESS	<b>7400 Sun Island Dr. #308</b>	
CITY-ST-ZIP	<b>S.Pasadena FL 33707</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **3/21/03** **727-345-0304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)