

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719333

FILED
Apr 20, 2009
Secretary of State

Entity Name: SAFETY HARBOR CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

200 MAIN ST
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

200 MAIN ST
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-1689299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFER, JOHN
650 MAIN STREET
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

SCHAEFER, JOHN
650 MAIN STREET
SAFETY HARBOR, FL 34695 US

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.

SIGNATURE:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHAI (X) Delete
Name: SCHAEFER, JOHN
Address: 650 MAIN STREET
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: CE () Delete
Name: BYRD, BETSY
Address: 825 MAIN STREET
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: S () Delete
Name: LAPHAM, ROBIN
Address: 3231 MCMULLEN BOOTH RD
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: T () Delete
Name: ENTREKEN, EDWARD
Address: 100 MAIN STREET, SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CHAI (X) Change () Addition
Name: BYRD, BETSY
Address: 825 MAIN STREET
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD ENTREKEN

TREA

04/20/2009

Electronic Signature of Signing Officer or Director

Date