

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90039 036 ****70.00

20062903



DOCUMENT # 720392 1. Entity Name THE FORT MEADE CHAMBER OF COMMERCE, INC.					
Principal Place of Business 214 WEST BROADWAY, SUITE B P.O. BOX 91 FORT MEADE, FL 33841			Mailing Address 214 WEST BROADWAY, SUITE B P.O. BOX 91 FORT MEADE, FL 33841		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STHRESHLEY, LAURETTA C 311 N.E. 1ST. STREET FT. MEADE, FL 33841				Name Alana Trimmier Street Address (P.O. Box Number is Not Acceptable) 318 W. A Street City Frostproof FL Zip Code 33843	
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>Alana Trimmier</i> DATE 7/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 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 STHRESHLEY, LAWRENCE F III 311 N.E. 1ST. STREET FT. MEADE, FL 33841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCBRIDE, PATSY 403 E BROADWAY FT. MEADE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, MARY 600 N. BROADWAY BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Beverly Bridgeman 3225 SE 1830 West Fort Meade, FL 33841 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MINNER, AL 323 N.E. 3RD. STREET FT. MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Bob Elliott P.O. Box 993 Fort Meade, FL 33841 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUENTHER, DENNIS 610 NASHUA AVENUE FT. MEADE, FL 33841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Beverly Graves 16 South Seminole Fort Meade, FL 33841 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIDGWAY, FRED 3900 PEEPLES ROAD FT. MEADE, FL 33841	<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: <i>Patsy M. McBride</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/1/05 Daytime Phone # (863) 285-7134		