

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

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90096 007 \*\*\*\*61.25

**DOCUMENT # 720392**

1. Entity Name

THE FORT MEADE CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

214 WEST BROADWAY, SUITE B  
P.O. BOX 91  
FORT MEADE FL 33841

214 WEST BROADWAY, SUITE B  
P.O. BOX 91  
FORT MEADE FL 33841



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1801080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIMMIER, ALANA  
318 W. "A" STREET  
FROSTPROOF FL 33843

Name Regina Cino  
Street Address 804 NE 7th St.  
City Fort Meade Fl.  
State FL Zip Code 33841

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

Regina Cino Regina Cino

1/31/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME D  
STREET ADDRESS STHRESHLEY, LAWRENCE F III  
CITY- ST- ZIP 311 N.E. 1ST. STREET  
FT. MEADE FL 33841

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCBRIDE, PATSY  
CITY- ST- ZIP 403 E BROADWAY  
FT. MEADE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS ELLIOTT, BOB  
CITY- ST- ZIP P.O. BOX 60  
FORT MEADE FL 33841

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS GRAVES, BERVERLY  
CITY- ST- ZIP 16 SOUTH SEMINOLE  
FORT MEADE FL 33841

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GUENTHER, DENNIS  
CITY- ST- ZIP 610 NASHUA AVENUE  
FT. MEADE FL 33841

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STOUGHTON, HOWIE  
CITY- ST- ZIP 5880 MANTEY ROAD  
FT. MEADE FL 33841

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 all other like empowered.

SIGNATURE:

Regina Cino Regina Cino

1/31/07 863-285-8253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #