

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 006 ****61.25

24015495



01072004 Chg-NP CR2E037 (10/03)

DOCUMENT # 725108					
1. Entity Name GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 43 N. KROME AVE. 2ND FLOOR HOMESTEAD, FL 33030 US		Mailing Address 43 N. KROME AVE 2ND FLOOR HOMESTEAD, FL 33030 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0652495	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINLAN, MARY A 43 N KROME AVENUE HOMESTEAD, FL 33030			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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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	TD WELLER, THOMAS	<input checked="" type="checkbox"/> Delete	TITLE	VD Newman, Susan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	65 NW 16 STREET		NAME	690 Homestead Boulevard	
STREET ADDRESS	HOMESTEAD, FL 33030		STREET ADDRESS	Homestead, FL 33030	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD GOLD, GOREY	<input checked="" type="checkbox"/> Delete	TITLE	D Farnes, Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	460 NW 13 STREET		NAME	250 E Palm Drive	
STREET ADDRESS	HOMESTEAD, FL 33030		STREET ADDRESS	Florida City, FL 33034	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD LIPE, DANIEL	<input type="checkbox"/> Delete	TITLE	? LiPe, Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28801 SW 157 AVENUE		NAME	28801 SW 157 Ave	
STREET ADDRESS	HOMESTEAD, FL		STREET ADDRESS	Homestead, FL 33033	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD MCMILLAN, JANE	<input checked="" type="checkbox"/> Delete	TITLE	SD Peyton, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	25 BISCAYNE BLVD. STE 3750		NAME	1550 N Krome Ave	
STREET ADDRESS	MIAMI, FL 33134		STREET ADDRESS	Homestead, FL 33030	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD PIERCE, JAMES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	48 NE 15TH ST.		NAME		
STREET ADDRESS	HOMESTEAD, FL 33030		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD FIALLOS, IGNACIO	<input type="checkbox"/> Delete	TITLE	CD Fiallos, Ignacio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 NE 3 STREET		NAME	Street	
STREET ADDRESS	FLORIDA CITY, FL 33034		STREET ADDRESS	Florida City, FL 33034	
CITY-ST-ZIP			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 information.					
SIGNATURE: <i>[Signature]</i>		Date: 2/24/04		Daytime Phone #: 305-245-6338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					