2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90019 039 ****61.25

DOCUMENT # 725108

1. Entity Name
GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.

40043112

Principal Place of Business	Mailing Address
43 N. KROME AVE. 2ND FLOOR HOMESTEAD, FL 33030 US	43 N. KROME AVE 2ND FLOOR HOMESTEAD, FL 33030 US

01162008 Chg-NP CR2E037 (12/06)

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 59-0652495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINLAN, MARY A
43 N KROME AVENUE
HOMESTEAD, FL 33030

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 Katy Oleson 3/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLESON, KATY 5 S FLAGLER AVE HOMESTEAD, FL 33030	☐ Delete	C Oleson, Katy 5 S. Flagler Ave Homestead, FL 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, KATIE 1850 OLD DIXIE HWY HOMESTEAD, FL 33033	☒ Delete	D Williams, Jerome 2646 SE 19 Ct. Homestead, FL 33035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMKISSOON, PARSURAM 27077 S DIXIE HWY HOMESTEAD, FL 33032	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT PEYTON, DAVID 1550 N KROME AVE HOMESTEAD, FL 33030	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PIERCE, JAMES 48 NE 15TH ST. HOMESTEAD, FL 33030	☐ Delete	D Pierce, James 48 NE 15 Street Homestead, FL 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMERO, JULIE 9220 SW 72 ST #206 MIAMI, FL 33173	☒ Delete	D Wilson, Sharon 15600 SW 288 St Homestead, FL 33030	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Katy Oleson 3/4/08 305-246-1904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #