

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734653

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE CENTRAL PASCO CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

2810 LAND O' LAKES BLVD.
LAND O LAKES, FL 34639 US

New Principal Place of Business:

Current Mailing Address:

2810 LAND O' LAKES BLVD
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-1671044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GARY
18315 U.S. HIGHWAY 41N
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANE, LORRAINE
Address: 15035 RED BLOOM PLACE
City-St-Zip: BROOKSVILLE, FL 34604

Title: T () Delete
Name: ESTABROOK, DAVE
Address: 18654 MENTMORE BLVD
City-St-Zip: LAND O LAKES, FL 34638

Title: D () Delete
Name: DELUCENAY, LARRY
Address: 2348 RADEN DR
City-St-Zip: LAND O LAKES, FL 34639

Title: ED () Delete
Name: DUNKLEY, KATHY
Address: 2810LAND O'LAKES BLVD
City-St-Zip: LAND O LAKES, FL 34639

Title: S () Delete
Name: DICAIRE, BOB
Address: 20537 AMBERFIELD DR
City-St-Zip: LAND O LAKES, FL 34638

Title: D () Delete
Name: COLLIER, CARLA
Address: 21752 STATE RD 54
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: STAUT, JOAN
Address: 20421 ROSE COTTAGE WAY
City-St-Zip: LAND O LAKES, FL 33637

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: KATHY DUNKLEY

ED

03/19/2009

Electronic Signature of Signing Officer or Director

Date