

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90005 043 ****61.25

DOCUMENT # 736425

1. Entity Name
**GREATER FORT MYERS BEACH AREA CHAMBER OF
COMMERCE, INC.**



Principal Place of Business
**17200 SAN CARLOS BLVD
FORT MYERS BEACH, FL 33931 US**

Mailing Address
**17200 SAN CARLOS BLVD
FORT MYERS BEACH, FL 33931 US**

54059958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0868976

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETRUCELLI, D.J.
17200 SAN CARLOS BLVD
FORT MYERS BEACH, FL 33931**

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

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 September 8, 2004**

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 **CD** ☒ Delete
NAME **PARKER, ANGIE**
STREET ADDRESS **14012 SHIMMERRING LAKE CT**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **CD** ☒ Change ☐ Addition
NAME **KEN KATCKO**
STREET ADDRESS **330 DONRA DR**
CITY-ST-ZIP **FT MYERS BCH, FL 33931**

TITLE **P** ☐ Delete
NAME **PETRUCELLI, D.J.**
STREET ADDRESS **7234 DRAKE DR**
CITY-ST-ZIP **FT MYERS BCH, F**

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

TITLE **VD** ☒ Delete
NAME **KATCKO, KEN**
STREET ADDRESS **330 DONRA BLVD**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **VD** ☒ Change ☐ Addition
NAME **CALABRESE, ROBIN**
STREET ADDRESS **2910 SW 29TH**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **D** ☒ Delete
NAME **CLABRESE, ROBIN**
STREET ADDRESS **2910 SW 29TH**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **D** ☒ Change ☐ Addition
NAME **ROSS, JANE**
STREET ADDRESS **819 SAN CARLOS DR**
CITY-ST-ZIP **FT MYERS BCH, FL 33931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/02/04