

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90203 015 ****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**

60000862



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

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0868976

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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, 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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CD
WEBB, J.T.
1661 ESTERO BLVD #3
FORT MYERS BEACH, FL 33931** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
GABRIEL, DAVE
19370 S TAMIAAMI TR
FORT MYERS BEACH, FL 33931** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
ROSS, JANE
819 SAN CARLOS DRIVE
FORT MYERS BEACH, FL 33931** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CD
Ross, Jane
819 San Carlos Drive
Fort Myers Beach, FL 33931** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
B. H Van Dozer
561.5 Lewis St.
Fort Myers Beach, FL 33931** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VD
Dave Gabriel
19370 S. Tamiami TR
Fort Myers Beach, FL 33931** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #