


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90038 050 ****61.25

DOCUMENT # 745934 1. Entity Name ANNA MARIA ISLAND CHAMBER OF COMMERCE, INC.					
Principal Place of Business 5313 GULF DRIVE HOLMES BEACH, FL 34217 US			Mailing Address 5313 GULF DRIVE HOLMES BEACH, FL 34217 US		
2. Principal Place of Business Same		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2297522	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRODER, DON 618 BARONET LANE HOLMES BEACH, FL 34217			7. Name and Address of New Registered Agent Name MARY ANN BROCKMAN Street Address (P.O. Box Number is Not Acceptable) 1120 - 78 TH ST N.W. City BRADENTON FL Zip Code 34209		
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 MARY ANN BROCKMAN - EXECUTIVE DIRECTOR <i>Mary Ann Brockman</i> 1-20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHRODER, DON 618 BARONET LANE HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAUSCHL, DENNIS 536 70TH ST. HOLMES BEACH, FL 34217	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRODER, DON 618 BARONET LANE HOLMES BEACH, FL 34217	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIOVANELLI, JUDY 2219 GULF DR N BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUSCHL, DENNIS 536 70TH STREET HOLMES BEACH, FL 34217	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, MARK 521 - 69TH ST. HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP CINDY THOMPSON 703 88TH ST. N.W. BRADENTON, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer KAREN LAPEUSE P.O. Box 614 ANNA MARIA, FL 34216	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Murphy 127 Hammock ANNA MARIA, FL 34216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: DON SCHRODER <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-19-05 Daytime Phone # 941-778-2200	