

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745934

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** ANNA MARIA ISLAND CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

5313 GULF DRIVE  
HOLMES BEACH, FL 34217 US

**New Principal Place of Business:**

**Current Mailing Address:**

5313 GULF DRIVE  
HOLMES BEACH, FL 34217 US

**New Mailing Address:**

**FEI Number:** 59-2297522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROCKMAN, MARYANN  
507 59TH ST.  
HOLMES BEACH, FL 34217 US

**Name and Address of New Registered Agent:**

GIFT, LOIS ANN L  
605 JACARANDA RD  
ANNA MARIA, FL 34216 US

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: LOIS ANN L GIFT

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROCKMAN, MARYANN  
Address: 507 59TH ST.  
City-St-Zip: HOLMES BEACH, FL 34217

Title: COB  
Name: THOMPSON, CINDY  
Address: 703 88TH ST. N. W.  
City-St-Zip: BRADENTON, FL 34209

Title: VC  
Name: LA PENSEE, KAREN  
Address: 127 HAMMOCK  
City-St-Zip: ANNA MARIA, FL 34216

Title: TRES  
Name: GIFT, LOIS  
Address: 605 JACARANDA RD  
City-St-Zip: ANNA MARIA, FL 34216

Title: SECR  
Name: WEBB, WENDE  
Address: 4160 66TH CIR. W.  
City-St-Zip: BRADENTON, FL 34209

I hereby 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 all other like empowered.

SIGNATURE: LOIS ANN L GIFT

TRES

02/18/2011

Electronic Signature of Signing Officer or Director

Date