

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748549 (3)

1. Corporation Name

**THE GREATER TOWN 'N COUNTRY AREA CHAMBER OF COMM
ERCE, INC.**



Principal Place of Business

Mailing Address

**7512 PAULA DR
105
TAMPA FL 33615
US**

**7512 PAULA DR
105
TAMPA FL 33615
US**

3. Date Incorporated or Qualified
08/16/1979

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2024257

Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPLAN, JONATHAN D
6617 MEMORIAL HWY
TAMPA FL 33615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **RIGGS, TONI**
CITY-ST-ZIP **4809 MEMORIAL HIGHWAY
TAMPA FL 33634**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PI/D 8 ROCK ROQUE**
1.3 STREET ADDRESS **8508 WOODBRIDGE BLVD.**
1.4 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **DANNER, DAN**
CITY-ST-ZIP **6001 WEBB ROAD
TAMPA FL 33615**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **FRENCH, JEAN O'NEILL**
CITY-ST-ZIP **6408 ALTA MONTE DR.
TAMPA FL 33634**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **EISENSTADT, DEBORAH**
CITY-ST-ZIP **5411 BEAUMONT CTR. #742
TAMPA FL 33634**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ADWELL, MARION**
CITY-ST-ZIP **8555 W HILLSBOROUGH
TAMPA FL**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **DILL GONZALEZ**
5.3 STREET ADDRESS **8603 W. Hillsborough Ave**
5.4 CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MORGAN, MAL**
CITY-ST-ZIP **8633 BUCCANEER SQ
TAMPA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah E. Eisenstadt, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

813-882-9685

Date Daytime Phone #

CR2E037 (12/95)