

FILE NOW: FILING FEE IS \$61.25

FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthach Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748549** (3)
1. Corporation Name
THE GREATER TOWN 'N COUNTRY AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business 7512 PAULA DR 105 TAMPA FL 33615 US	Mailing Address 7512 PAULA DR 105 TAMPA FL 33615-4101 US
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3. Date Incorporated or Qualified 08/16/1979	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2024257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	29

9. Name and Address of Current Registered Agent
**KAPLAN, JONATHAN D
6617 MEMORIAL HWY
TAMPA FL 33615**

10. Name and Address of New Registered Agent
81 Name Kaplan, Jonathan D.
82 Street Address (P.O. Box Number is Not Acceptable) 9720 Executive Ctr Dr. N. #200
83
84 City St. Petersburg
85 Zip Code FL 33702

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROQUE, E. ROCK 8508 WOODBRIDGE BLVD TAMPA FL	1.1 TITLE	PD FOGARTY, MARK 7202 BRANCHWOOD CT. TAMPA FL 33604
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP DANNER, DAN 6001 WEBB ROAD TAMPA FL 33615	2.1 TITLE	VP Shaw, Shauna 5811 Memorial Hwy #204 Tampa, FL 33615
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S FRENCH, JEAN O'NEILL 6408 ALTA MONTE DR. TAMPA FL 33634	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T EISENSTADT, DEBORAH 5411 BEAUMONT CTR. #742 TAMPA FL 33634	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GONZALEZ, JILL 8603 W. HILLSBOROUGH AVE TAMPA FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MORGAN, MAL 8633 BUCCANEER SQ TAMPA FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

Date

227-8190

Daytime Phone # 0048243

CR2E037 (9/96)