


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra E. 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 7512 PAULA DR 105 TAMPA FL 33615 US			Mailing Address 7512 PAULA DR 105 TAMPA FL 33615 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/16/1979 4. FEI Number 59-2024257 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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent KAPLAN, JONATHAN D 9720 EXECUTIVE CENTER DR. N. #200 ST. PETERSBURG FL 33702				10. Name and Address of New Registered Agent 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 agent, 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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FOGARTY, MARK				
STREET ADDRESS	7202 BRANCHWOOD CT				
CITY-ST-ZIP	TAMPA FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	SHAW, SHAUNA				
STREET ADDRESS	5811 MEMORIAL HWY., #204				
CITY-ST-ZIP	TAMPA FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	FRENCH, JEAN O'NEILL				
STREET ADDRESS	6408 ALTA MONTE DR.				
CITY-ST-ZIP	TAMPA FL 33634				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	EISENSTADT, DEBORAH				
STREET ADDRESS	5411 BEAUMONT CTR. #742				
CITY-ST-ZIP	TAMPA FL 33634				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GONZALEZ, JILL				
STREET ADDRESS	8603 W. HILLSBOROUGH AVE				
CITY-ST-ZIP	TAMPA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MORGAN, MAL				
STREET ADDRESS	8633 BUCCANEER SQ				
CITY-ST-ZIP	TAMPA FL				



14. 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 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, Treasurer

1/9/98

813-882-9685

CR2E037 (10/97)