

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90003 038 ****61.25

DOCUMENT # 748549

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/16/1979

4. FEI Number

59-2024257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 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

TITLE PD ☒ DELETE
NAME FOGARTY, MARK
STREET ADDRESS 7202 BRANCHWOOD CT
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE
NAME SHAW, SHAUNA
STREET ADDRESS 5811 MEMORIAL HWY., #204
CITY-ST-ZIP TAMPA FL

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

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

TITLE D ☒ DELETE
NAME GONZALEZ, JILL
STREET ADDRESS 8603 W. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME Gene Ann Kennedy
1.3 STREET ADDRESS 11206 W. Hillsborough Ave, #338
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Shauna Shaw
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Dana Nickel
3.3 STREET ADDRESS 7701 W. Hillsborough Ave
3.4 CITY-ST-ZIP Tampa, FL 33615

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

Jonathan D Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/99

Daytime Phone #

813-882-9685

CR2E037 (1/98)

0050751