

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-26-2007 90036 027 ****61.25

DOCUMENT # 753534 1. Entity Name SUN CITY CENTER CHAMBER OF COMMERCE, INC.					
Principal Place of Business 1651 SUN CITY CENTER PLAZA SUN CITY CENTER FL 33573 US			Mailing Address 1651 SUN CITY CENTER AREA CHAMBER OF COMMERCE PO BOX 5623 SUN CITY CENTER FL 33571-5623 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2085474			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HINES, JAMES P JR 1647 SUN CITY CENTER PLAZA #204-A SUN CITY CENTER FL 33573				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>James P Hines Jr.</u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILTON, JERRY 1651 SUN CITY CENTER PLAZA SUN CITY CENTER FL 33573	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLARK, CHARLOTTE 1525 RICKENBAKER DR. SUN CITY CENTER FL 33573	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHN LUPER 189 S. PEBBLE BEACH SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DANIEL, NOELLE 201 N FRANKLIN ST STE 3500 TAMPA FL 33602	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JIM HINES, JR 1647 SUN CITY CENTER PLAZA #204A SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ZVD NICHOLS, SALLY 3852 UPPERCREEK DR. SUN CITY CENTER FL 33573	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ZVD JAMES JOHNSON 1230 N. PEBBLE BEACH BLVD SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FLOYD, CARLA R 505 W. ROBERTSON BRANDON FL 33511	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JAMES WILMOUTH 1653 SUN CITY CENTER PLAZA #1001 SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James P. Hines Jr.</u> 2/12/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					