


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 032 ****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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating))</small> DATE _____			



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2085474** Applied For
Not Applicable

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

FILE NOW FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD CD NAME MILTON, JERRY STREET ADDRESS 1651 SUN CITY CENTER PLAZA CITY-ST-ZIP SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete	TITLE CD NAME Luper, John STREET ADDRESS 139 S. Pebble Beach Blvd. CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VB 1CD NAME LUPER, JOHN STREET ADDRESS 139 S. PEBBLE BEACH CITY-ST-ZIP SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete	TITLE 1CD NAME Johnson, James STREET ADDRESS 1230 N. Pebble Beach Blvd. CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HINES, JIM J STREET ADDRESS 1648 SUN CITY CTR. PLAZA #204A CITY-ST-ZIP SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete	TITLE 2CD NAME Meservey, Jan STREET ADDRESS 3910 Galen Court CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 2VB 2CD NAME JOHNSON, JAMES STREET ADDRESS 1230 N. PEBBLE BEACH BLVD. CITY-ST-ZIP SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Rios, Ricp STREET ADDRESS 1647 Sun City Center Plaza CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WILMOUTH, JAMES STREET ADDRESS 1653 SUN CITY CTR. PLAZA #1001 CITY-ST-ZIP SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **E. P. Drah, President 2.22.08 634511**