

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 003 ****61.25

DOCUMENT # 761433 1. Entity Name NORTH FORT MYERS CHAMBER OF COMMERCE INC.					
Principal Place of Business 3323 NORTH KEY DRIVE SUITE D-1 N FORT MYERS, FL 33093			Mailing Address 3323 NORTH KEY DRIVE SUITE D-1 N FORT MYERS, FL 33093		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2148623	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAVENER, MARY F 1723 INLET DRIVE N. FORT MYERS, FL 33903			7. Name and Address of New Registered Agent Name KIRK WOODBURY Street Address (P.O. Box Number is Not Acceptable) 950 MOODY RD #103 City NORTH FORT MYERS FL Zip Code 33903		
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><i>Kirk Woodbury</i></u> KIRK WOODBURY APRIL 29, 2007 Signature, typed or printed name of registered agent and their appointment (NOTE: Registered Agent signature required when reappointing) DATE					
Filing 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	D CICONE, JO-ANN 3405 HARCOCK BRIDGE PKWY NORTH FORT MYERS, FL 33903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURTON, DARRYL 20529 BALEWOOD RD. NORTH FT. MYERS, FL 33917	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHER HALL LN 20900 CALLE CRYSTAL #1 NORTH FORT MYERS FL 33917	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HAVENER, MARY 1723 INLET DRIVE NORTH FORT MYERS, FL 33903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KIRK WOODBURY 950 MOODY ROAD #103 NORTH FORT MYERS FL 33903	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTEMYER, ROGER L 3443 HARCOCK BRIDGE PKWY #501 NORTH FORT MYERS, FL 33903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREG EGOLF 4145 SW 9TH PLACE CAPE CORAL FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUMIATI, WALT 120 SW 38TH PLACE CAPE CORAL, FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONGY, MURRAY 787 OVERIVER DR. NORTH FORT MYERS, FL 33903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WENDY MURRAY 787 OVERIVER DRIVE NORTH FORT MYERS FL 33903	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowerments.					
SIGNATURE: <u><i>Kirk Woodbury</i></u> KIRK WOODBURY APRIL 29, 2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40101030



04252007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAVENER, MARY F
1723 INLET DRIVE
N. FORT MYERS, FL 33903

Name **KIRK WOODBURY**
Street Address (P.O. Box Number is Not Acceptable)
950 MOODY RD #103
City **NORTH FORT MYERS** FL Zip Code **33903**

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 *Kirk Woodbury* **KIRK WOODBURY** **APRIL 29, 2007**
Signature, typed or printed name of registered agent and their appointment (NOTE: Registered Agent signature required when reappointing) DATE

**Filing 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
D
CICONE, JO-ANN
3405 HARCOCK BRIDGE PKWY
NORTH FORT MYERS, FL 33903

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BURTON, DARRYL
20529 BALEWOOD RD.
NORTH FT. MYERS, FL 33917

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
HAVENER, MARY
1723 INLET DRIVE
NORTH FORT MYERS, FL 33903

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALTEMYER, ROGER L
3443 HARCOCK BRIDGE PKWY #501
NORTH FORT MYERS, FL 33903

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TUMIATI, WALT
120 SW 38TH PLACE
CAPE CORAL, FL 33901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MONGY, MURRAY
787 OVERIVER DR.
NORTH FORT MYERS, FL 33903

☐ Delete

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SIGNATURE: *Kirk Woodbury* **KIRK WOODBURY** **APRIL 29, 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #