

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90154 045 \*\*\*\*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

Zip

Country

Zip

Country

04282008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2148623**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOODBURY, KIRK  
950 MOODY RD #103  
NORTH FORT MYERS, FL 33903**

7. Name and Address of New Registered Agent

Name **TERESA LEA BEARDMORE, EA**  
Street Address (P.O. Box Number is Not Acceptable)  
**80 PONDELLA ROAD, SUITE E**  
City **N. Ft. 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 *Teresa Lea Beardmore* **TERESA LEA BEARDMORE, EA** **4-28-08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICONE, JO-ANN 3405 HARCOCK BRIDGE PKWY NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLE, HEATHER 20900 CALLE CRYSTAL #1 NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODBURY, KIRK 950 WOODY ROAD #103 NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGOLF, GREG 4145 SW 8TH PLACE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUMIATI, WALT 120 SW 38TH PLACE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, WENDY 787 OVERRIVER DR. NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HALLE, MORGAN 20900 CALLE CRYSTAL #1 N. Ft. MYERS FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT GARDNER, JOHN 390 PONDELLA Rd. #1 N. Ft. MYERS FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER DAVIDSON, LORI 3041 NE PINE ISLAND RD. CAPE CORAL FL 33909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PAST PRESIDENT MURRAY, WENDY 787 OVERRIVER DR. N. Ft. MYERS, FL 33903	<input checked="" 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 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 empowered.

SIGNATURE: *Walt Tumiati* **WALT TUMIATI** **4/28/08** **997.9111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #