FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:13

DOCUMENT # **766079** **(8)**

1. Corporation Name

NORTH PORT AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
12705 S. TAMIAMI TRAIL NORTH PORT FL 34287-9215 US	12705 S. TAMIAMI TRAIL NORTH PORT FL 34287-9215 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1982**
3a. Date of Last Report: **07/29/1994**
4. FEI Number: **59-2437272** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MELLOR, CORD C.
13801-D S TAMIAMI TR.
N PORT FL 34287

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MURPHY, DEBRA	12 NAME	Harry L. Wheat	
STREET ADDRESS	14819 S. TAMIAMI TRAIL	13 STREET ADDRESS	775 Tamiami Trail	
CITY-ST-ZIP	N PORT FL	14 CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	SD	21 TITLE	TD	☒ Change ☐ Addition
NAME	JOHNSON, TED	22 NAME		
STREET ADDRESS	5900 N. PORT BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	N PORT FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	SD	☒ Change ☐ Addition
NAME	MITCHELL, AL	32 NAME	James M. Bartee	
STREET ADDRESS	1649 TAMIAMI TRAIL	33 STREET ADDRESS	13644 TAmiami Trail	
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	North Port, FL 34287	
TITLE	PD	41 TITLE	PPD	☒ Change ☐ Addition
NAME	VAN BUSKIRK, PETER	42 NAME		
STREET ADDRESS	14224 S. TAMIAMI TRAIL	43 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	PD	☒ Change ☐ Addition
NAME	GRISSINGER, DOUG	52 NAME		
STREET ADDRESS	13801-D S. TAMIAMI TRAIL	53 STREET ADDRESS		
CITY-ST-ZIP	N. PORT FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WOLLAK, SUE	62 NAME		
STREET ADDRESS	13035 S. TAMIAMI TRAIL	63 STREET ADDRESS		
CITY-ST-ZIP	N PORT FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ President 5-23-95 813-426-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Douglas Grissinger

0004382