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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 12/13/1982

4. FEI Number: 59-2437272 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOSTER, PATRICIA
12705 S. TAMIAMI TRAIL
NORTH PORT FL 34287-9215

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Patricia F. Foster 4-15-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MADISON, MARK		1.2 NAME	
STREET ADDRESS	12767 S. TAMIAMI TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEMEK, TED		2.2 NAME	
STREET ADDRESS	12705 S. TAMIAMI TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	REX, ROSE		3.2 NAME	
STREET ADDRESS	5900 N. PORT BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	N PORT FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HERRON, SAM H JR		4.2 NAME	
STREET ADDRESS	12200 SAN SERVANDO AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	N. PORT FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LUNDGREN, RICHARD		5.2 NAME	
STREET ADDRESS	13001 S. TAMIAMI TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	N. PORT FL		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, V. JACK		6.2 NAME	
STREET ADDRESS	4002 BULA		6.3 STREET ADDRESS	
CITY-ST-ZIP	N PORT FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] 4-16-98