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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90185 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766079

1. Corporation Name
NORTH PORT AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business 12705 S. TAMiami TRAIL NORTH PORT FL 34287-9215 US	Mailing Address 12705 S. TAMiami TRAIL. NORTH PORT FL 34287-9215 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/13/1982	4. FEI Number 59-2437272 Applied For No Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	

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, with all other like empowered.

SIGNATURE: Mark J. Madison Treasurer/Director 941-426-0618
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/99 Date Daytime Phone #

CR2E037 (11/98)