
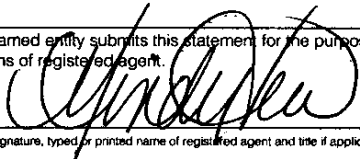



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90043 016 ****61.25

DOCUMENT # 766079					
1. Entity Name NORTH PORT AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 15141 TAMiami TRAIL NORTH PORT, FL 34287 US			Mailing Address 15141 TAMiami TRAIL NORTH PORT, FL 34287 US		
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	4. FEI Number 59-2437272	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HODGKINS, PATRICIA 15141 TAMiami TRAIL NORTH PORT, FL 34287			Name TEW, MINDY		
			Street Address (P.O. Box Number is Not Acceptable) 15141 Tamiami Trail		
			City North Port FL Zip Code 34287		
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  DATE 4/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, W. KEVIN		NAME		
STREET ADDRESS	14295 S TAMiami TR.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR-HARRIS, RICHELLE		NAME		
STREET ADDRESS	3402 S. SUMTER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOGHUE, JACK		NAME		
STREET ADDRESS	15121 TAMiami TRAIL S.		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILODEAU, KRIS		NAME		
STREET ADDRESS	5900 NORTH PORT BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, LEE		NAME		
STREET ADDRESS	2630 BOBCAT VILLAGE CENTER ROAD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34288		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, CONNIE		NAME		
STREET ADDRESS	19720 TOLEDO BALDE BLVD		STREET ADDRESS	19720 Cochran Blvd.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	Port Charlotte FL 33948	
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:  KRIS BILODEAU DATE 4/12/07 DAYTIME PHONE # 941-423-3807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40064483



04102007 Chg-NP CR2E037 (12/06)

ATTACHMENT 40064485

766079

NORTH PORT AREA CHAMBER OF COMMERCE
2006-2007 OFFICERS AND DIRECTORS, Continued

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D PIGOTT, GENE 2885 COMMERCE PARKWAY NORTH PORT FL 34289	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Delete <input checked="" type="checkbox"/> PERKINS, TOM RAYMOND JAMES & ASSOCIATES 1314 E VENICE AVE, STE. A VENICE FL 34285	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LOWE, MIKE 11045 TAMiami TRAIL S NORTH PORT FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14892 TAMiami TRAIL NORTH PORT FL 34287
D SINCLAIR, MARISA 13644 S TAMiami TRAIL NORTH PORT FL 34287	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D McGILL, JOAN 8000 S TAMiami TRAIL VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 CATTLEMEN ROAD #201 SARASOTA FL 34232
D Delete <input checked="" type="checkbox"/> GIBSON, MARIA 333 S TAMiami TRAIL, STE 272 VENICE FL 34285	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TENBUSCH, LARRY 4968 LIBBY ROAD NORTH PORT FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SILVERBERG, KATHY 14942 TAMiami TRAIL, STE. C NORTH PORT FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D MAYBERRY, BETH 1490 TAMiami TRAIL PORT CHARLOTTE FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition