

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90059 001 ***122.50

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
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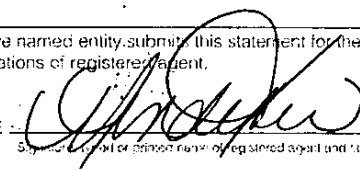


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent TEW, MINDY 15141 TAMIAMI TRAIL NORTH PORT FL 34287		7. Name and Address of New Registered Agent Name Tew, Mindy Street Address (P.O. Box Number is Not Acceptable) 15141 Tamiami Trail City North Port FL 34287	
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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: **4/24/2008**
Signature of principal officer or person named as registered agent and title, if applicable. (NOTE: Registered Agent Signature must be witnessed with notary.)

FILE NOW: FEE IS \$61.25
Due By (May-1, 2008)

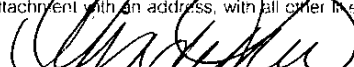
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, W. KEVIN 14295 S TAMIAMI TR. NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT JANET BRESKY 14969 Tamiami Trail North Port, FL 34287 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR-HARRIS, RICHELLE 3402 S. SUMTER BLVD. NORTH PORT FL 34287 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GENE PIGOT 2885 COMMERCIAL PARKWAY NORTH PORT, FL 34289 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOGHUE, JACK 15121 TAMIAMI TRAIL S. NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILODEAU, KRIS 5900 NORTH PORT BLVD NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSS, LEE 2630 BOBCAT VILLAGE CENTER ROAD NORTH PORT FL 34288 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, CONNIE 19720 COCHRAN BLVD PORT CHARLOTTE FL 33948 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly empowered.

SIGNATURE:

 Mindy Tew

4/24/08