

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769160

FILED
Apr 13, 2009
Secretary of State

Entity Name: LONGBOAT KEY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

6960 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

5570 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

6960 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

New Mailing Address:

5570 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

FEI Number: 59-1159710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEFGREN, GAIL
6960 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

MATARESE, MARNIE
5570 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 US

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.

SIGNATURE: MARNIE MATARESE

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAC, ANDREW
Address: 510 BAY ISLES ROAD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: COB () Delete
Name: MATARESE, MARNIE
Address: 510 BAY ISLES ROAD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VCOB () Delete
Name: WALSH, LISA
Address: 5570 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: WELLY, MICHAEL
Address: 301 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: LOEFGREN, GAIL
Address: 6960 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: WHITTEN, CHERYL
Address: 373 ST. ARMANDS CIRCLE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: A (X) Change () Addition
Name: MIMS, DAWN
Address: 5570 GULF OF MEXICO DR.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: VAC, ANDREW
Address: 510 BAY ISLES RD.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN MIMS

ASST

04/13/2009

Electronic Signature of Signing Officer or Director

Date