

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001029

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** THE VILLAGES CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

996 ALVAREZ AVE  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

1100 MAIN STREET  
THE VILLAGES, FL 32159

**New Mailing Address:**

**FEI Number:** 59-3627979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKATES, JEFFREY P  
976 DEL MAR DRIVE  
THE VILLAGES, FL 32159 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: DRAKE, STEPHEN  
Address: 1100 MAIN STREET  
City-St-Zip: THE VILLAGES, FL 32159

Title: TSD ( ) Delete  
Name: WISE, CONNIE DUFF  
Address: 1100 MAIN STREET  
City-St-Zip: THE VILLAGES, FL 32159

Title: D ( ) Delete  
Name: MARKWARD, PHILIP  
Address: 1100 MAIN STREET  
City-St-Zip: THE VILLAGES, FL 32159

Title: D ( ) Delete  
Name: SMITH, CHARLES H  
Address: 1109 MAIN STREET  
City-St-Zip: THE VILLAGES, FL 32159

Title: P ( ) Delete  
Name: LESTER, GARY  
Address: 1100 MAIN STREET  
City-St-Zip: THE VILLAGES, FL 32159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN DRAKE

D

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date