2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# N00000001681

Entity Name: DAVIS ISLANDS CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

205 E DAVIS BL.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

205 E DAVIS BL.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3640955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNETT, SCOTT F
234 EAST DAVIS BLVD.
TAMPA, FL 33606 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: PD ( ) Delete
Name: ADAMS, ELAINE
Address: 205 E DAVIS BL.
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete
Name: SAPP, BARABRA
Address: 205 E DAVIS BL.
City-St-Zip: TAMPA, FL 33606

Title: S ( ) Delete
Name: RAGLAND, PATTY
Address: 205 E DAVIS BL.
City-St-Zip: TAMPA, FL 33606

Title: PD ( ) Delete
Name: FRILOUF, JAMES
Address: 205 E DAVIS BL.
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete
Name: ALSATE, DAN
Address: 205 E DAVIS BL.
City-St-Zip: TAMPA, FL 33606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: PRES ( ) Change (X) Addition
Name: JORGENSEN, SCOTT E
Address: 205 E. DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

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: SCOTT E. JORGENSEN PRES 04/12/2004

Electronic Signature of Signing Officer or Director — Date