

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90083 022 ****62.50

DOCUMENT # N00000001681 1. Entity Name DAVIS ISLANDS CHAMBER OF COMMERCE, INC.					
Principal Place of Business 201 EAST DAVIS BOULEVARD TAMPA, FL 33606 US			Mailing Address 201 EAST DAVIS BOULEVARD TAMPA, FL 33606 US		
2. Principal Place of Business 3040 Davis Blvd Suite, Apt. #, etc. Suite C City & State Tampa FL Zip 33606 Country USA		3. Mailing Address 3040 Davis Blvd Suite, Apt. #, etc. Suite C City & State Tampa FL Zip 33606 Country USA		40099606 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 59-3640955	
6. Name and Address of Current Registered Agent BARNETT, SCOTT F 234 EAST DAVIS BLVD. TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Barnett Scott F Street Address (P.O. Box Number is Not Acceptable) 2202 Westshore Blvd #200 City Tampa FL Zip Code 33607	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 07/13/06 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 6, 2006		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	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIJOUF, JAMES A		NAME	Jennifer Fadal	
STREET ADDRESS	201 EAST DAVIS BOULEVARD		STREET ADDRESS	304 E Davis Blvd suite c	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDART, LEE		NAME	Patricia Gaskill	
STREET ADDRESS	201 EAST DAVIS BOULEVARD		STREET ADDRESS	304 E Davis Blvd suite c	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, SHELBY		NAME	JAMES A. FRIJOUF	
STREET ADDRESS	201 EAST DAVIS BOULEVARD		STREET ADDRESS	304 E Davis Blvd suite c	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIERCE, KIM		NAME	TRACY Bartlett	
STREET ADDRESS	201 EAST DAVIS BOULEVARD		STREET ADDRESS	304 E Davis Blvd suite c	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Membership VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROBAUGH, LORI		NAME	Patricia Gaskill	
STREET ADDRESS	201 EAST DAVIS BOULEVARD		STREET ADDRESS	304 E Davis Blvd suite c	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Marketing VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JANICE		NAME	Michele German	
STREET ADDRESS	201 EAST DAVIS BOULEVARD		STREET ADDRESS	304 E Davis Blvd suite c	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
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:			President 7/1/06 813 7320840		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					