

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010862

FILED
Feb 26, 2009
Secretary of State

Entity Name: TREASURE ISLAND CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

144 107TH AVE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

144 107TH AVENUE
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 81-0657183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWARD, CAROL L CPA
64 DOLPHIN DR
TREASURE ISLAND, FL 33706 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: P () Delete
Name: REITER, DOMINIQUE M
Address: 144 107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T () Delete
Name: LAMONT, SUSAN
Address: 144 107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: BLACK, HARRY
Address: 144 107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: MAC GARRETT, ROY
Address: 144 107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

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: C (X) Change () Addition
Name: FLOWERS, RON
Address: 144 107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

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: DOMINIQUE, REITER

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date