

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010862

FILED  
Jan 06, 2010  
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:**

HAWKINS, ANTOINETTE P CPA  
11140 4TH STREET E  
TREASURE ISLAND, FL 33706 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: ANTOINETTE P HAWKINS

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REITER, DOMINIQUE M  
Address: 144 107TH AVENUE  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T  
Name: LASKEY, KIM  
Address: 10650 GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

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

Title: C  
Name: FLOWERS, RON  
Address: 144 107TH AVENUE  
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: DOMINIQUE REITER

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date