

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012310

FILED
Aug 28, 2009
Secretary of State

Entity Name: NORTH PORT AREA CHAMBER COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

15141 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

15141 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-4928967 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TEW, MINDY
15141 TAMIAMI TRAIL
NORTH PORT, FL 34287 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: D () Delete
Name: PIGOTT, GENE
Address: 2885 COMMERCIAL PARKWAY
City-St-Zip: NORTH PORT, FL 34289

Title: D () Delete
Name: BILODEAU, KRIS
Address: 5900 NORTH PORT BLVD.
City-St-Zip: NORTH PORT, FL 34287

Title: PELE () Delete
Name: BRESKY, JANET
Address: 14969 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: RUSSELL, KEVIN
Address: 14295 S TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: DONOGHUE, JACK
Address: 15121 TAMIAMI TRAIL SOUTH
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEGER, MIMI
Address: 14906 TAMIAMI TRAIL SUITE E
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change () Addition
Name: BRESKY, JANET
Address: 14969 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: PELE (X) Change () Addition
Name: WERDELL, BILL
Address: 14942 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: S (X) Change () Addition
Name: MAYBERRY, BETH
Address: 4134 ULMAN AVE
City-St-Zip: NORTH PORT, FL 34286

Title: T (X) Change () Addition
Name: WALTON, JANE
Address: PO BOX 381029
City-St-Zip: MURDOCK, FL 33938

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: MINDY TEW

ED

08/28/2009

Electronic Signature of Signing Officer or Director

Date