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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:42

DOCUMENT # N05621 (0)

1. Corporation Name

GREATER LARGO CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
% MARY HEASTON 395 - 1ST AVENUE SW LARGO FL 34640-3511	% MARY HEASTON 395 - 1ST AVENUE SW LARGO FL 34640-3511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/11/1984	03/29/1994

4. FEI Number: 59-2468520 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEASTON, MARY
395 - 1ST AVENUE SW
LARGO FL 33540

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12.	13.	
TITLE	PP	1.1 TITLE	☐ Change ☐ Addition
NAME	BRANKS, WILLIAM R.	1.2 NAME	
STREET ADDRESS	1200 STARKEY RD., MC5038	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	PX	2.1 TITLE	☐ Change ☐ Addition
NAME	FORD, EDWIN I. ESQ.	2.2 NAME	
STREET ADDRESS	2310 WEST BAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, ROBERT	3.2 NAME	
STREET ADDRESS	12360 INDIAN ROCKS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	PE/D	4.1 TITLE	☐ Change ☐ Addition
NAME	~~SCHULTZ-JOYCE SONJA K.~~ JEFF COLLINS	4.2 NAME	
STREET ADDRESS	~~1330 9TH ST., SW~~ 2025 INDIAN ROCKS R.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	VP D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHUTTE, LANA	5.2 NAME	
STREET ADDRESS	601 INDIAN ROCKS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	AYERS, JAMES T.	6.2 NAME	
STREET ADDRESS	P.O. BOX 6255 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary S. Heaston 2-27-95 813-584-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
Mary S. Heaston

0066032