

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
10/11/1984

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2468520

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **MARY S. HEASTON**

Mary S. Heaston

1-19-96

Signature, typed or printed name of registered agent, and title if applicable

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE PP
NAME BRANKS, WILLIAM R.
STREET ADDRESS 1200 STARKEY RD., MC5038
CITY-ST-ZIP LARGO FL ☒ DELETE

TITLE P
NAME FORD, EDWIN I. ESQ.
STREET ADDRESS 2310 WEST BAY DR.
CITY-ST-ZIP LARGO FL ☐ DELETE

TITLE VP
NAME GEORGE, ROBERT
STREET ADDRESS 12360 INDIAN ROCKS RD.
CITY-ST-ZIP LARGO FL ☐ DELETE

TITLE PED
NAME COLLINS, JEFF
STREET ADDRESS 2025 INDIAN ROCKS RD
CITY-ST-ZIP LARGO FL ☐ DELETE

TITLE D
NAME SCHUTTE, LANA
STREET ADDRESS 601 INDIAN ROCKS RD.
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE ST
NAME AYERS, JAMES T.
STREET ADDRESS P.O. BOX 6255 N/A
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PPD
12 NAME LARSON, ROGER A.
13 STREET ADDRESS 911 CHESTNUT ST.
14 CITY-ST-ZIP CLEARWATER FL ☐ Change ☒ Addition

21 TITLE PPD
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE P/D
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☒ Change ☐ Addition

51 TITLE P/D
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☒ Change ☐ Addition

61 TITLE P/D
62 NAME
63 STREET ADDRESS 567 S. DUNCAN AVE.
64 CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition

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:

Jeffrey A. Collins
JEFFREY A. COLLINS

2/13/96

813-584-2221

Date

Daytime Phone #

CR2E037 (12/95)