

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N05621 (0)**  
 1. Corporation Name  
**GREATER LARGO CHAMBER OF COMMERCE FOUNDATION, INC.**



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

3. Date Incorporated or Qualified <b>10/11/1984</b>	
4. FEI Number <b>59-2468520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 395 1st Ave SW</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 395 1st Ave SW</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Largo, FL 33770</b>	City & State <b>28 Largo, FL 33770</b>
Zip <b>24 33770</b>	Country <b>25 USA</b>
Zip <b>29 33770</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent  
**MALTA, LARRY EVP  
 395 - 1ST AVENUE SW  
 LARGO FL 33770**

10. Name and Address of New Registered Agent  
**81 Name  
 Marc Mansfield**  
**82 Street Address (P.O. Box Number is Not Acceptable)  
 395 1st Ave SW**  
**83**  
**84 City  
 Largo** **85 Zip Code  
 FL 33770**

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 **Marc Mansfield, President** *Marc Mansfield* DATE **4/29/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PPD COLLINS, JEFFREY A</b>	<input checked="" type="checkbox"/>
NAME	<b>2025 S. INDIAN ROCKS RD.</b>	
STREET ADDRESS	<b>BELLEAIR FL 34616</b>	
CITY-ST-ZIP		
TITLE	<b>VPD MORGAN, DON DR.</b>	<input type="checkbox"/>
NAME	<b>320 N. INDIAN ROCKS RD.</b>	
STREET ADDRESS	<b>BELLEAIR BLUFFS FL 33770</b>	
CITY-ST-ZIP		
TITLE	<b>VP GEORGE, ROBERT</b>	<input checked="" type="checkbox"/>
NAME	<b>12380 INDIAN ROCKS RD.</b>	
STREET ADDRESS	<b>LARGO FL</b>	
CITY-ST-ZIP		
TITLE	<b>PD COLLINS, JEFF</b>	<input checked="" type="checkbox"/>
NAME	<b>2025 INDIAN ROCKS RD</b>	
STREET ADDRESS	<b>LARGO FL</b>	
CITY-ST-ZIP		
TITLE	<b>PED SCHUTTE, LANA</b>	<input checked="" type="checkbox"/>
NAME	<b>001 INDIAN ROCKS RD.</b>	
STREET ADDRESS	<b>CLEARWATER FL</b>	
CITY-ST-ZIP		
TITLE	<b>TD SYMANSKI, BOB</b>	<input checked="" type="checkbox"/>
NAME	<b>1301 SEMNOLE BLVD, SUITE 115</b>	
STREET ADDRESS	<b>LARGO FL 33770</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Ramesh Parekh</b>		
1.3 STREET ADDRESS	<b>2700 East Bay Dr # 107</b>		
1.4 CITY-ST-ZIP	<b>Largo, FL 33770</b>		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Dr. Don Morgan</b>		
2.3 STREET ADDRESS	<b>320 N Indian Rocks Rd.</b>		
2.4 CITY-ST-ZIP	<b>Belleair Bluffs, FL 33770</b>		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Michael Bollenback</b>		
3.3 STREET ADDRESS	<b>1006 Pinellas St</b>		
3.4 CITY-ST-ZIP	<b>Clearwater, FL 33756</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Marc Mansfield, President** *Marc Mansfield* 4/29/98 813-584-2321

CR2E037 (10/97)