

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 395 1st Ave SW

26 395 1st Ave SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Largo, FL 33770

28 Largo, FL 33770

Zip

Country

Zip

Country

24 33770

25 USA

29 33770

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/11/1984

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MALTA, LARRY EVP
395 - 1ST AVENUE SW
LARGO FL 33770**

81 Name

Marc Mansfield

82 Street Address (P.O. Box Number is Not Acceptable)

395 1st Ave SW

83

84 City

Largo

FL

85 Zip Code

33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submit 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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, JEFFREY A	
STREET ADDRESS	2025 S. INDIAN ROCKS RD.	
CITY - ST - ZIP	BELLEAIR FL 34616	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ramesh Parekh
1.3 STREET ADDRESS	2700 East Bay Dr # 107
1.4 CITY - ST - ZIP	Largo, FL 33770

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORGAN, DON DR.	
STREET ADDRESS	320 N. INDIAN ROCKS RD.	
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. Don Morgan
2.3 STREET ADDRESS	320 N Indian Rocks Rd.
2.4 CITY - ST - ZIP	Belleair Bluffs, FL 33770

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, ROBERT	
STREET ADDRESS	12380 INDIAN ROCKS RD.	
CITY - ST - ZIP	LARGO FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Bollenback
3.3 STREET ADDRESS	1006 Pinellas St
3.4 CITY - ST - ZIP	Clearwater, FL 33756

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, JEFF	
STREET ADDRESS	2025 INDIAN ROCKS RD	
CITY - ST - ZIP	LARGO FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	SCHUTTE, LANA	
STREET ADDRESS	801 INDIAN ROCKS RD.	
CITY - ST - ZIP	CLEARWATER FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SYMANSKI, BOB	
STREET ADDRESS	1301 SEMINOLE BLVD, SUITE 115	
CITY - ST - ZIP	LARGO FL 33770	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)