

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011394

FILED
Apr 15, 2009
Secretary of State

Entity Name: GREATER SARASOTA CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business:

1945 FRUITVILLE RD
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1945 FRUITVILLE RD
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 26-1563145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUEIOR, STEPHEN M
1945 FRUITVILLE RD
SARASOTA, FL 34236 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: CLARKE, TIMOTHY
Address: 333 N ORANGE AVE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: MCFARLIN, DIANE
Address: 801 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: QUEIOR, STEPHEN M
Address: 1945 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: DABNEY, THOMAS
Address: PO BOX 5335
City-St-Zip: SARASOTA, FL 34277

Title: D () Delete
Name: MOULTON, KATIE
Address: 1620 GULF OF MEXICO DR.
City-St-Zip: LONGBOAT KEY, FL 34277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN M QUEIOR

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date