

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:45

DOCUMENT # **N07203 (5)**

1. Corporation Name  
**GREATER CLEARWATER CHAMBER OF COMMERCE, INC.**

Principal Place of Business Mailing Address  
128 N. OSCEOLA AVENUE CLEARWATER FL 34615  
128 N. OSCEOLA AVENUE CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/21/1985** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-0196955** 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. 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

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

9. Name and Address of Current Registered Agent

WOODHAM, PETE  
128 N. OSCEOLA AVENUE  
CLEARWATER FL 34615

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 reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RIGGS, CHARLES
STREET ADDRESS	2111 DREW ST.
CITY- ST- ZIP	CLEARWATER FL
TITLE	PC
NAME	WOODHAM, PETE
STREET ADDRESS	128 N OSCEOLA AVENUE
CITY- ST- ZIP	CLEARWATER FL
TITLE	VD
NAME	HENDERSON, PHIL
STREET ADDRESS	CLEARWATER MARINA, SLIP 95
CITY- ST- ZIP	CLEARWATER FL
TITLE	VD
NAME	HOWLER, STEVE
STREET ADDRESS	1421 COURT ST., SUITE D
TITLE	VD
NAME	WILKINS, ANN
STREET ADDRESS	17755 US 19 NORTH, SUITE 200
CITY- ST- ZIP	CLEARWATER FL
TITLE	CD
NAME	WARD, CARLTON R.
STREET ADDRESS	1253 PARK ST.
CITY- ST- ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Connelly	
1.3 STREET ADDRESS	630 Chestnut St.	
1.4 CITY- ST- ZIP	Clearwater FL 34616	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ann Wilkins	
2.3 STREET ADDRESS	2502 Rocky Point Dr, Ste 720	
2.4 CITY- ST- ZIP	Tampa FL 33607	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Janice Case	
3.3 STREET ADDRESS	908 Cleveland St.	
3.4 CITY- ST- ZIP	Clearwater FL 34617	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dan Mann	
4.3 STREET ADDRESS	2520 Countryside Blvd.	
4.4 CITY- ST- ZIP	Clearwater FL 34623	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judy Mitchell	
5.3 STREET ADDRESS	P.O. Box 4100NA	
5.4 CITY- ST- ZIP	Clearwater FL 34618	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chuck Riggs	
6.3 STREET ADDRESS	2111 Drew St.	
6.4 CITY- ST- ZIP	Clearwater FL 34618	

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 110.07(3)(a), Florida Statutes. I further certify 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 23 if changed, or on an attachment with an address.

SIGNATURE: Pete Woodham 2/11/95 466-001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR