

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 # **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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODHAM, PETE
128 N. OSCEOLA AVENUE
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Not Permitted) **800001800528**

83

-04/30/96--01011--049
*****61.25**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	☒ DELETE
NAME	RIGGS, CHARLES	
STREET ADDRESS	2111 DREW ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CD	☒ DELETE
NAME	WILKINS, ANN	
STREET ADDRESS	2502 TOCKY POINT DR STE 720	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	☒ DELETE
NAME	HENDERSON, PHIL	
STREET ADDRESS	CLEARWATER MARINA, SLIP 95	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	☐ DELETE
NAME	FOWLER, STEVE	
STREET ADDRESS	1421 COURT ST., SUITE D	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	☒ DELETE
NAME	WILKINS, ANN	
STREET ADDRESS	17755 US 19 NORTH, SUITE 200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	☐ DELETE
NAME	RIGGS, CHUCK	
STREET ADDRESS	2111 DREW ST	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	☐ Change ☒ Addition
1.2 NAME	SAM DAVIS	
1.3 STREET ADDRESS	200 CENTRAL AVE STE 1900	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
2.1 TITLE	CD	☐ Change ☒ Addition
2.2 NAME	JANICE CASE	
2.3 STREET ADDRESS	908 CLEVELAND ST.	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34615	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	E.D. ARMSTRONG	
3.3 STREET ADDRESS	911 CHESTNUT	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34616	
4.1 TITLE	CD	☒ Change ☐ Addition
4.2 NAME	STEVE FOWLER	
4.3 STREET ADDRESS	1421 COURT ST. SUITE D	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34616-8105	
5.1 TITLE	VD	☐ Change ☒ Addition
5.2 NAME	DAN MANN	
5.3 STREET ADDRESS	2520 COUNTRYSIDE BLVD	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
6.1 TITLE	VD	☐ Change ☒ Addition
6.2 NAME	JUDY MITCHELL	
6.3 STREET ADDRESS	1475 SOUTH BELCHER RD.	
6.4 CITY-ST-ZIP	LARGO, FL 34641	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/10/96 461-0011

SG-4-28-96

CR2E037 (12/95)