

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 # N07880 (0)
1. Corporation Name
APOLLO BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business
**5914 FORTUNE PLACE
APOLLO BEACH FL 33572**

Mailing Address
**5914 FORTUNE PLACE
APOLLO BEACH FL 33572**

3. Date Incorporated or Qualified
02/27/1985

3a. Date of Last Report
01/30/1995

4. FEI Number
59-2622690

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MORRIS, HARRIET
522 BIMINI COURT
APOLLO BEACH FL 33572**

10. Name and Address of New Registered Agent

81 Name
Dick, Susan

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

83

84 City
Brandon

85 Zip Code
FL 33511

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 *Susan Dick*
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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MORRIS, HARRIET
522 BIMINI CT.
APOLLO BEACH FL 33572**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
DICK, SUSAN
109 GOLDENWOOD DRIVE
BRANDON FL 33511**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
STRANDBERG, JOHN W
11501 TUCKER ROAD
RIVERVIEW FL 33569**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
RADNOTI, LINDA
10501 DEEPBROOK DRIVE
RIVERVIEW FL 33569**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**PD
Dick, Susan
109 Goldenwood Drive
Brandon, FL 33511**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**VD
Gagliardi, Dominick
6605 Dolphin Cove Drive
Apollo Beach, FL 33572**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**800001752318
-03/21/96--01030--023
***61.25**

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: *Susan Dick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

813-645-0886

Date

Daytime Phone #

CR2E037 (12/95)

PS 3/12/96