

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90015 028 \*\*\*\*70.00

20000422



01042005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N07880</b> 1. Entity Name <b>APOLLO BEACH CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>6432 HWY. 41 N</b> <b>APOLLO BEACH, FL 33572</b>			Mailing Address <b>6432 HWY. 41 N</b> <b>APOLLO BEACH, FL 33572</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>59-2622690</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PETERSON, MICHAEL L</b> <b>218 APOLLO BEACH BOULEVARD</b> <b>APOLLO BEACH, FL 33572</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWGILL, COLIN 1020 BAL HARBOR DR APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Weedon, Ray 839 Birdie Way Apollo Beach, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEEDON, RAY 839 BIRDIE WAY APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Martin, Donita 6542 US Hwy 41 Apollo Beach, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, DONITA 6120 US HWY 41 N APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Whitmyer, Jody 1406 Beach Club Lane Apollo Beach, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, FAYE 205 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wilson, John 218 Apollo Beach Blvd. Apollo Beach, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John C. Wilson AS TREASURER ABCC</i> 1/4/05 813-645-1366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					