

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006893

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** FLORIDA CATHOLIC CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

2309 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

2309 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 36-4638218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUNKETT LAW GROUP, LLC  
6820 PORTO FINO CIRCLE  
2  
FORT MYERS, FL 33912 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: PT ( ) Delete  
Name: TRUNKETT, ANGELA  
Address: 2309 HANCOCK BRIDGE PKWY  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP ( ) Delete  
Name: HOLMLUND, ANTOINETTE  
Address: 2309 HANCOCK BRIDGE PKWY  
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete  
Name: TRUNKETT, JOSEPH  
Address: 6820 PORTO FINO CIRCLE, SUITE 2  
City-St-Zip: CAPE CORAL, FL 33990

**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:

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: ANGELA TRUNKETT

PT

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date