2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90040 018 ****70.00

DOCUMENT # N21076

1. Entity Name
ENGLEWOOD-CAPE HAZE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
601 S INDIANA AVE ENGLEWOOD, FL 34223-3788 US	601 S INDIANA AVE ENGLEWOOD, FL 34223-3788 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

300022783

02032005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0876627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAURER, KAREN W 601 SOUTH INDIANA AVENUE ENGLEWOOD, FL 34223	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Karen W Maurer, KAREN W. MAURER, 2/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEAH, JILL 420 W DEARBORN STREET ENGLEWOOD, FL 34223	☐ Delete	P Cole, Jonathan 900 Pine Street Suite 225 Englewood, FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE COLE, JONATHAN 900 PINE STREET SUITE 225 ENGLEWOOD, FL 34223	☐ Delete	PE Kennett, Robert K 2001 S. McCall Road Suite D Englewood, FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STINE, WILLIAM 100 ROTONDA CIRCLE ROTONDA WEST, FL 33947	☑ Delete	VP Meade, Robert C 700 Medical Boulevard Englewood, FL 34223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR KATSARELAS, CAROL 550 ROTONDA BOULEVARD W ROTONDA WEST, FL 33947	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPO, DAWN 298 SOUTH INDIANA AVENUE ENGLEWOOD, FL 34223	☑ Delete	Leah, Jill 420 W. Dearborn Street Englewood, FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNETT, ROBERT K 2001 S MCCALL RD,SUITE D ENGLEWOOD, FL 34223	☐ Delete	D Buch, Tammy 1111 S. McCall Road Englewood, FL 34223	☐ Change ☑ Addition

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: _____ 941-475-7981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #