2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N28170

Entity Name: PUNTA GORDA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

252 W. MARION AVENUE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

252 W. MARION AVENUE
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0081406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, JOHN R
252 W. MARION AVENUE
PUNTA GORDA, FL 33950 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:	P	( ) Delete
Name:	WRIGHT, JOHN R	
Address:	252 W. MARION AVENUE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	COB	( ) Delete
Name:	SILVERBERG, KATHY	
Address:	300 TAMIAMI TRAIL S.	
City-St-Zip:	VENICE, FL 34285	
Title:	CE	( ) Delete
Name:	OLSEN, RON	
Address:	103 W. MARION AVENUE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	VC	( ) Delete
Name:	BRAD, NURKIN	
Address:	809 E. MARION AVENUE	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	S	( ) Delete
Name:	STRUNK, DOROTHY	
Address:	P.O. BOX 511385	
City-St-Zip:	PUNTA GORDA, FL 33951	
Title:	T	( ) Delete
Name:	SIDEBOTTOM, JAN	
Address:	405 TAMIAMI TRAIL	
City-St-Zip:	PUNTA GORDA, FL 33950	

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:	
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: JOHN R. WRIGHT P 01/14/2009
Electronic Signature of Signing Officer or Director Date