


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N30145 1. Entity Name TAMPA BAY BEACHES CHAMBER OF COMMERCE, INC.						FILED 05 NOV 17 PM 12:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6990 GULF BLVD ST PETERSBURG BEACH, FL 33706 US				Mailing Address 6990 GULF BLVD ST PETERSBURG BEACH, FL 33706 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PIKE, MISSY 6990 GULF BLVD ST PETERSBURG BEACH, FL 33706				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
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	D NICKLAUS, DEBORAH 400 COREY AVE, SUITE 200 ST PETERSBURG BEACH, FL 33706			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Linda Snook CPA 14100 Walsingham Rd, Largo FL 33774		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEHR, NANCY 6990 GULF BLVD ST PETERSBURG BEACH, FL 33706			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDETTE, JOE 6990 GULF BLVD SAINT PETERSBURG, FL 33706			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300061521119 11/17/05--01048--003 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDOLE, KATHLEEN 6990 GULF BLVD SAINT PETERSBURG, FL- 33706			TITLE NAME STREET ADDRESS CITY-ST-ZIP	McDole, Kathleen - P		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR M/18			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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: Missy H. Pike President/CEO 11/8/05							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							