## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N30145** 

## FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90198 048 \*\*\*\*61.25

Principal Place of Business   Mailting Address   6990 GUE BLVD   STPETE BEACH, FL 33706 US   STRET ADDRESS   Suite. Appl. # # # # # # # # # # # # # # # # # # #	TAMPA B	AY BEACHES CHAMBER C	OF COMMERCE, INC					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4172007   Chg-NP   CR2E037 (12/06)	6990 GULF BLVD 6990		6990 GULF BLVD	90 GULF BLVD		06		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4172007   Chg-NP   CR2E037 (12/06)				<u> </u>				
City & State  City & State Desired  Read Agent  Name  MADL  NETEL  Street Address of New Registered Agent  Name  MADL  NETEL  Street Address of New Registered Agent  Name  MADL  NETEL  Street Address of New Registered Agent  Nett Desire  City & T PETE BEACH, FL 33706  C	z. Principal Place of Business - Nó P.U. Box # 3. Mai		3. Mailing Address	Mailing Address		MA INDIK MINNA MESH MINSH MINSH MENJA MENJA MINSH MI	######################################	
Second   S	Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E037 (12/06)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered  7. Name and Address of New Registered  8. Despect of New Registered  9. Despect of	City & State		City & State	City & State		50 0000000		
Name    Name   N	Zip	Country	Zip	Country	5. Certificate of State			
Street Address (P.O. Box Number is Not Acceptable)  City ST PETE BEACH. FL 33706  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  Filling Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NICKLAUS, DEBORAH NAME STREET ADDRESS CITY-ST-2P  ST PETERSBURG BEACH, FL 33706  TITLE O Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O Debte NAME STREET ADDRESS GROUP ST-2P  TITLE TITLE TITLE O Debte NAME STREET ADDRESS GROUP ST-2P  TITLE TITLE O Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O DEBTE BEACH, FL 33706  Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O DEBTE BEACH, FL 33706  Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O DEBTE BEACH, FL 33706  Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O DEBTE BEACH, FL 33706  Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O DEBTE BEACH, FL 33706  Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O DEBTE BEACH, FL 33706  Debte NAME STREET ADDRESS GROUP ST-2P  TITLE O DEBTE BEACH, FL 33706  TOTAL ST-2P  TOTAL ST-		6. Name and Address of Current F	legistered Agent		7. Name and Addre	ss of New Registered Agent		
Street Address (2.0.) Box Number is Not Acceptable    Street Address (2.0.) Box Number is Not Acceptable	BUE MOOVE MARK IN A			Name	MARK NETTER			
ST PETE BEACH, FL 33706  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    Filling Fee Is \$61.25	,			Street Add				
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					6990 GULF BUS			
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TITLE O Delete NAME KATHLEEN, MCDOLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDR					PETE BEAU	FL 33	<del>7</del> 06	
Due by May 1, 2007  Trust Fund Contribution.    Added to Fees   Florida Department of State	the obligat	tions of registered agent.	1			4/23/07	and accept	
TITLE NAME NICKLAUS, DEBORAH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706 CITY-ST-ZIP  TITLE O KATHLEEN, MCDOLE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706 CITY-ST-ZIP  TITLE T Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706 CITY-ST-ZIP  TITLE T DELET DELET TITLE NAME HOLLY, HERSEY STREET ADDRESS CITY-ST-ZIP ST PETE BEACH, FL 33706 CITY-ST-ZIP  TITLE T Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP ST PETE BEACH, FL 33706 CITY-ST-ZIP  TITLE O TONY, SATTERFIELD TITLE NAME NAME  TONY, SATTERFIELD TITLE NAME ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME NAME	•							
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NAME KATHLEEN, MCDOLE STREET ADDRESS 6990 GULF BLVD STREET ADDRESS CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706 CITY-ST-ZIP  TITLE T Delete TITLE NAME HOLLY, HERSEY NAME STREET ADDRESS CITY-ST-ZIP ST PETE BEACH, FL 33706 CITY-ST-ZIP  TITLE O Delete TITLE NAME NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP ST PETE BEACH, FL 33706 CITY-ST-ZIP  TITLE O TONY, SATTERFIELD Delete NAME	NAME STREET ADDRESS	NICKLAUS, DEBORAH 5300 GULF BLVD.		NAME STREET ADDRESS		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP ST PETERSBURG BEACH, FL 33706  CITY-ST-ZIP  TITLE NAME HOLLY, HERSEY STREET ADDRESS CITY-ST-ZIP  TONY, SATTERFIELD  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE O TONY, SATTERFIELD  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  Addition NAME	TITLE	0	☐ Delete	TITLE	<u> </u>	Change	Addition	
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TITLE			2706					
NAME HOLLY, HERSEY STREET ADDRESS CITY-ST-ZIP TITLE O TONY, SATTERFIELD OEGIG NAME  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE O TONY, SATTERFIELD OEGIG NAME  NAME  NAME  NAME  NAME  NAME				-		□ Channa	☐ Addition	
CITY-ST-ZIP         ST PETE BEACH, FL 33706         CITY-ST-ZIP           TITLE         O         Delete         TITLE           NAME         TONY, SATTERFIELD         NAME		HOLLY, HERSEY	LI Delate			- Onlinge	C) Addition	
TITLE O Delete TITLE Change Addition NAME TONY, SATTERFIELD NAME	STREET ADDRESS	4105 GULF 8LVD.						
NAME TONY, SATTERFIELD NAME	CITY-ST-ZIP	ST PETE BEACH, FL 33706		CITY-ST-ZIP				
		_	☐ Delete			☐ Change	Addition	
		1		NAME STREET ADDRESS				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZiP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAMÉ

TITLE

NAME

ST PETE BEACH, FL 33706

JURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

4/23/07 727-360-6957

☐ Change

☐ Change

Addition

■ Addition