


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90005 025 \*\*\*\*61.25

<b>DOCUMENT # N30145</b>		
1. Entity Name TAMPA BAY BEACHES CHAMBER OF COMMERCE, INC.		

Principal Place of Business 6990 GULF BLVD ST PETE BEACH, FL 33706 US	Mailing Address 6990 GULF BLVD ST PETE BEACH, FL 33706 US
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40034352



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0869802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NETER, MARK 6990 GULF BLVD ST PETE BEACH, FL 33706	
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7. Name and Address of New Registered Agent	
Name <u>Robin A. Grabowski</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6990 Gulf Blvd.</u>	
City <u>St. Pete Beach</u>	FL Zip Code <u>33706</u>

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 <u>Sobina Grabowski</u>	DATE <u>2/18/08</u>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKLAUS, DEBORAH 5300 GULF BLVD. ST PETERSBURG BEACH, FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KATHLEEN, MCDOLE 6990 GULF BLVD ST PETERSBURG BEACH, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLY, HERSEY 4105 GULF BLVD. ST PETE BEACH, FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TONY, SATTERFIELD 6990 GULF BLVD. ST PETE BEACH, FL 33706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jane Colson 4200 54th Ave. S. St. Petersburg, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Santora 6800 Gulfport Blvd. S. South Pasadena FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amber Coldren 5200 Gulf Blvd. St. Pete Beach, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.	
SIGNATURE: <u>Sobina Grabowski</u>	DATE <u>2/18/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	