FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:20

DOCUMENT # **N31070** **(8)**

1. Corporation Name

THE GOLDEN GATE AREA CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business	Mailing Address
4100 GOLDEN GATE PARKWAY NAPLES FL 33999	4100 GOLDEN GATE PARKWAY NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0101226 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 8801 Davis Boulevard	26 8801 Davis Boulevard		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23 Naples, FL	28 Naples, FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 33942 / 25 USA	29 33942 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLETTA, JAMES N 1660 - 40TH TERRACE, S.W. NAPLES FL 33999	81 Name: PLAAG, BARBARA 82 Street Address (P.O. Box Number is Not Acceptable): 3290 - 11th Avenue, S. W. 83 Golden Gate, FL 33964 84 City: FL 85 Zip Code: 33964

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Barbara H Plaag President — DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	COLETTA, JAMES	12 NAME	PLAAG, BARBARA	
STREET ADDRESS	1660 40TH TERR. S.W.	13 STREET ADDRESS	3290 - 11th Avenue, S. W.	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Golden Gate, FL 33964	
TITLE	VPD	21 TITLE	VD	☒ Change ☐ Addition
NAME	STEWART, JAMES C	22 NAME	COUTURE, PATRICIA	
STREET ADDRESS	1725 COUNTY ROAD #951, #106	23 STREET ADDRESS	2059 - 17th Street, S. W.	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Golden Gate, FL 33964	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	NORIEGA, ALYSON	32 NAME	HARTMAN, LINDA	
STREET ADDRESS	6310 14TH AVENUE SW	33 STREET ADDRESS	2015 County Road #951	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Golden Gate, FL 33999	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	HOLLEMAN, SALLY	42 NAME	ASWALL, PATRICIA	
STREET ADDRESS	P. O. BOX 41-3006	43 STREET ADDRESS	4795 Golden Gate Parkway	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Golden Gate, FL 33999	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TUFF, RUSSELL	52 NAME		
STREET ADDRESS	2301 COUNTY RD 951 #C	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, PAM	62 NAME	STEWART, JR., JAMES C.	
STREET ADDRESS	4257 27TH COURT SW 104	63 STREET ADDRESS	1725 County Road #951, #106	
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	Golden Gate, FL 33999	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara H. Plaag President — 4/26/95 — 813-353-3855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara H. Plaag

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