

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31070 (8)

1. Corporation Name

THE GOLDEN GATE AREA CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

8801 DAVIS BLVD
NAPLES S 33942
US

Mailing Address

8801 DAVIS BLVD
NAPLES S 33942
US



3. Date Incorporated or Qualified
03/09/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0101226

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLAAG, BARBARA
3290 1TH AVE SW
GOLDEN GATE FL 33964

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Barbara H. Plaag

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PLAAG, BARBARA
STREET ADDRESS 3290 11TH AVE SW
CITY-ST-ZIP NAPLES FL ☐ DELETE

1.1 TITLE Executive Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME COUTURE, PATRICIA
STREET ADDRESS 2059 17TH ST SW
CITY-ST-ZIP GOLDEN GATE FL ☒ DELETE

2.1 TITLE Wesley Bates ☒ Change ☐ Addition
2.2 NAME 4660 1st Ave. SW
2.3 STREET ADDRESS Golden Gate, FL 33949
2.4 CITY-ST-ZIP

TITLE SD
NAME HARTMAN, LINDA
STREET ADDRESS 2015 COUTY RD 951
CITY-ST-ZIP GOLDEN GATE FL ☒ DELETE

3.1 TITLE Jeanene Kelly ☒ Change ☐ Addition
3.2 NAME 2013 Trade Center Way
3.3 STREET ADDRESS Naples, FL 33942
3.4 CITY-ST-ZIP

TITLE TD
NAME ASWALL, PATRICIA
STREET ADDRESS 4795 GOLDEN GATE PKWY
CITY-ST-ZIP GOLDENGATE FL ☐ DELETE

4.1 TITLE P ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME TUFF, RUSSELL
STREET ADDRESS 2301 COUNTY RD 951 #C
CITY-ST-ZIP NAPLES FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME STEWART, JAMES JR C
STREET ADDRESS 1725 COUNTY RD 951 106
CITY-ST-ZIP GOLDEN GATE FL ☒ DELETE

6.1 TITLE PE
6.2 NAME George Drobinsh ☒ Change ☐ Addition
6.3 STREET ADDRESS 1755 41st Terr. SW
6.4 CITY-ST-ZIP Golden Gate, FL 33949

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:

Patricia M. Aswall, Pres

3/28/96 941-455-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)