

**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  
MAPLE S 33942  
US**

Mailing Address  
**8801 DAVIS BLVD  
MAPLE S 33942  
US**

3. Date Incorporated or Qualified  
**03/09/1989**

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

4. FEI Number  
**65-0101226**

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

2. Principal Place of Business  
21  Suite, Apt. #, etc.  
22  City & State  
23  Zip  
24  Country

2a. Mailing Address  
26  Suite, Apt. #, etc.  
27  City & State  
28  Zip  
29  Country

9. Name and Address of Current Registered Agent  
**PLAAG, BARBARA  
3290 1TH AVE SW  
GOLDEN GATE FL 33964**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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* *Barbara H. Plaag* **3/25/96**  
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent Signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PLAAG, BARBARA 3290 11TH AVE SW NAPLES FL	1.1 TITLE	Executive Director
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD COUTURE, PATRICIA 2059 17TH ST SW GOLDEN GATE FL	2.1 TITLE	Wesley Bates
NAME		2.2 NAME	4660 1st Ave. SW
STREET ADDRESS		2.3 STREET ADDRESS	Golden Gate, FL 33949
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HARTMAN, LINDA 2015 COUTY RD 951 GOLDEN GATE FL	3.1 TITLE	S Jeanene Kelly
NAME		3.2 NAME	2013 Trade Center Way
STREET ADDRESS		3.3 STREET ADDRESS	Naples, FL 33942
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD ASWALL, PATRICIA 4795 GOLDEN GATE PKWY GOLDENGATE FL	4.1 TITLE	P
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TUFF, RUSSELL 2301 COUNTY RD 951 #C NAPLES FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D STEWART, JAMES JR C 1725 COUNTY RD 951 106 GOLDEN GATE FL	6.1 TITLE	PE George Drobinak
NAME		6.2 NAME	1755 41st Terr. SW
STREET ADDRESS		6.3 STREET ADDRESS	Golden Gate, FL 33949
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)