

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

6801 DAVIS BLVD  
NAPLES 33942  
US

Mailing Address

6801 DAVIS BLVD  
NAPLES 33942  
US



2. Principal Place of Business

21 3847 Tollgate Blvd.

Suite, Apt. #, etc.

22 City & State

23 Naples, Florida

24 Zip 34114

25 Country

2a. Mailing Address

26 3847 Tollgate Blvd.

Suite, Apt. #, etc.

27 City & State

28 Naples, Florida

29 Zip 34114

30 Country

3. Date Incorporated or Qualified  
03/09/1989

3a. Date of Last Report  
04/03/1996

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

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

9. Name and Address of Current Registered Agent

PLAAG, BARBARA  
3290 11TH AVE SW  
GOLDEN GATE FL 33964

10. Name and Address of New Registered Agent

81 Name James Stewart James C. Stewart, J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2121 C.R. 951, Suite 101  
83  
84 City Naples Golden Gate FL 85 Zip Code 34116

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLAAG, BARBARA	
STREET ADDRESS	3290 11TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WESLEY, BATES	
STREET ADDRESS	4660 1ST AVE SW	
CITY-ST-ZIP	GOLDEN GATE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY JEANENE	
STREET ADDRESS	2013 TRADE CENTER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ASWALL, PATRICIA	
STREET ADDRESS	4795 GOLDEN GATE PKWY	
CITY-ST-ZIP	GOLDENGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUFF, RUSSELL	
STREET ADDRESS	2301 COUNTY RD 951 #C	
CITY-ST-ZIP	NAPLES FL	
TITLE	DE	<input checked="" type="checkbox"/> DELETE
NAME	DROBINSKI, GEORGE	
STREET ADDRESS	1755 41ST TERR SW	
CITY-ST-ZIP	GOLDEN GATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Arthur	
1.3 STREET ADDRESS	4895 Golden Gate Dairy Queen	
1.4 CITY-ST-ZIP	Naples, FL 34116	
2.1 TITLE	President - Elect, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Edward Ferringer	
3.3 STREET ADDRESS	3710 14th Ave SW	
3.4 CITY-ST-ZIP	Naples, FL 34117	
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George Drobinski	
4.3 STREET ADDRESS	1755 41st Terrace SW	
4.4 CITY-ST-ZIP	Naples, FL 34116	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)