


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

*NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**3847 TOLLGATE BLVD
NAPLES 34114
US**

**3847 TOLLGATE BLVD
NAPLES 34114
US**



2. Principal Place of Business	2a. Mailing Address
21 3847 Tollgate Blvd.	26 3847 Tollgate Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Naples, FL	28 Naples, FL
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified

03/09/1989

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, JAMES C JR
2121 CR 951
101
GOLDEN GATE FL 34116**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/7/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARTHUR, M BILL	
STREET ADDRESS	4895 GOLDEN GATE DAIRY QUEEN	
CITY-ST-ZIP	NAPLES FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	WESLEY, BATES	
STREET ADDRESS	4880 1ST AVE SW	
CITY-ST-ZIP	GOLDEN GATE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FERRINGER, EDWARD	
STREET ADDRESS	3710 19 AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DROBINSKI, GEORGE	
STREET ADDRESS	1755 41 TERR SW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM ARTHUR	
1.3 STREET ADDRESS	4895 GOLDEN GATE PKWY	
1.4 CITY-ST-ZIP	NAPLES, FL. 34116	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4660 1ST AVE. S.W.	
2.3 STREET ADDRESS	NAPLES, FL. 34116	
2.4 CITY-ST-ZIP	Naples, FL. 34116	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeanne Targett	
3.3 STREET ADDRESS	3898 29th Ave. SW	
3.4 CITY-ST-ZIP	Naples, FL. 34117	
4.1 TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rick Lochner	
4.3 STREET ADDRESS	3845 TOLLGATE BLVD.	
4.4 CITY-ST-ZIP	NAPLES, FL. 33942	
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 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 (10/97)

4-24-98 941-453-2100