

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90004 045 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36276

1. Corporation Name

**THE GREATER EAST HILLSBOROUGH COUNTY CHAMBER OF
COMMERCE, INC.**

Principal Place of Business

P.O. BOX 699
SEFFNER FL 33584

Mailing Address

P.O. BOX 699
SEFFNER FL 33584



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/25/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMEE, GORDON
1038 COMMEE COVE
SEFFNER FL 33584**

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

Gordon Commee, Jr. Director
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9-14-99
DATE

12. OFFICERS AND DIRECTORS.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **COMMEE, GORDON**
STREET ADDRESS **1038 COMMEE COVE**
CITY-ST-ZIP **SEFFNER FL 33584**

1.1 TITLE **Executive Director** ☒ Change ☐ Addition
1.2 NAME **Commee, Gordon N.**
1.3 STREET ADDRESS **1038 Commee Cove**
1.4 CITY-ST-ZIP **Seffner FL 33584**

TITLE **STD** ☒ DELETE
NAME **SOMMERS, VICKI**
STREET ADDRESS **601 ROYAL CREST WAY**
CITY-ST-ZIP **BRANDON FL 33511**

2.1 TITLE **President** ☒ Change ☐ Addition
2.2 NAME **PATRICIA DENISON**
2.3 STREET ADDRESS **5427 S.R. 579**
2.4 CITY-ST-ZIP **MAN90 FL 33594**

TITLE **D** ☒ DELETE
NAME **SUFFERN, DONALD P JR**
STREET ADDRESS **12921 OLIVEIRA ST**
CITY-ST-ZIP **DOVER FL**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Kelly Clem**
3.3 STREET ADDRESS **Box 5836 Berta circle**
3.4 CITY-ST-ZIP **Temple Terrace FL 33617**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **Director** ☒ Change ☐ Addition
4.2 NAME **Walter Riddle**
4.3 STREET ADDRESS **702 W MLK Blvd.**
4.4 CITY-ST-ZIP **Plant City FL 33566**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **DIR.** ☒ Change ☐ Addition
5.2 NAME **CLIFFORD DENISON**
5.3 STREET ADDRESS **5427 S.R. 579**
5.4 CITY-ST-ZIP **MAN90 FL 33594**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Gordon Commee, Jr. Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **9-14-99 813 654-7712**
Date Daytime Phone #

CR2E037 (5/99)