

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 015 ****61.25

DOCUMENT # N36461

1. Entity Name
**GREATER DAVENPORT CHAMBER OF COMMERCE,
INC.**



Principal Place of Business
**ALLAPAH AVE
DAVENPORT, FL 33836**

Mailing Address
**PO BOX 994
DAVENPORT, FL 33836**

PAGE 1 OF 54055575



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082003

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1214092

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**LEMKE, IRENE
102 GOLF CREST
DAVENPORT, FL 33836**

**HAYS, JAMES W.
2002 GOLFVIEW DR. N.
PLANT CITY, FL 33566**

Name **HAYS, JAMES W.**

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

2002 GOLFVIEW DR. N.

City **PLANT CITY**

FL

Zip Code
33566

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James W. Hays

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

(NOTE: Registered Agent signature required when reinstating)

5/19/04

DATE

Filing Fee is \$61.25

Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PR** ☐ Delete
NAME **LEMKE, IRENE**
STREET ADDRESS **102 GOLF CREST**
CITY-ST-ZIP **DAVENPORT, FL 33836**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **PELT, PAULA MUNRO**
STREET ADDRESS **PO BOX 1475**
CITY-ST-ZIP **DAVENPORT, FL 33836**

TITLE **PD** ☐ Change ☒ Addition
NAME **JAMES W. HAYS**
STREET ADDRESS **2002 GOLFVIEW DR. N.**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☐ Delete
NAME **NAFZIGER, CHARLES**
STREET ADDRESS **13 W MAPLE ST**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ Change ☒ Addition
NAME **PAULL. HIRNEISEN**
STREET ADDRESS **220 N. 7TH ST.**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **D** ☒ Delete
NAME **MOORE, CURTIS**
STREET ADDRESS **1009 HWY 17-92 N**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ Change ☒ Addition
NAME **PAMELA RHODES**
STREET ADDRESS **28 W. ORANGE ST.**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **T** ☒ Delete
NAME **KIMBEL, MILLIE**
STREET ADDRESS **116 W CYPRESS**
CITY-ST-ZIP **DAVENPORT, FL**

TITLE **D** ☐ Change ☒ Addition
NAME **JEANNINE THIBAUT**
STREET ADDRESS **102 HOLLY HILL RD.**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ Delete
NAME **MCKNIGHT, LOUIS**
STREET ADDRESS **PO BOX 65**
CITY-ST-ZIP **DAVENPORT, FL 33836**

TITLE **TD** ☐ Change ☒ Addition
NAME **JEANNE E. HIRNEISEN**
STREET ADDRESS **PO BOX 639**
CITY-ST-ZIP **DAVENPORT, FL 33836**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

James W. Hays

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04

DATE

Daytime Phone #

863 419-0875

ANNUAL REPORT

DOCUMENT # N36461

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STREET ADDRESS	102 GOLF CREST	
CITY-ST-ZIP	DAVENPORT, FL 33836	
TITLE	S	☐ Delete
NAME	PELT, PAULA MUNRO	
STREET ADDRESS	PO BOX 14X5	
CITY-ST-ZIP	DAVENPORT, FL 33836	
TITLE	D	☐ Delete
NAME	NAFZIGER, CHARLES	
STREET ADDRESS	13 W MAPLE ST	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	D	☐ Delete
NAME	MOORE, CURTIS	
STREET ADDRESS	1009 HWY 17-92 N	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	T	☐ Delete
NAME	KIMBREL, MILLIE	
STREET ADDRESS	116 W CYPRESS	
CITY-ST-ZIP	DAVENPORT, FL	
TITLE	D	☐ Delete
NAME	MCKNIGHT, LOUIS	
STREET ADDRESS	PO BOX 65	
CITY-ST-ZIP	DAVENPORT, FL 33836	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	☐ Change ☒ Addition
NAME	DEVIN BUCHANAN	
STREET ADDRESS	9110 MOSSY OAK LANE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VPD	☐ Change ☒ Addition
NAME	ROBERT SCOTT	
STREET ADDRESS	2802 RWS RANCH RD	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VPD	☐ Change ☒ Addition
NAME	RICHARD HIRWEISEN	
STREET ADDRESS	1 MANATEE AVE	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VPD	☐ Change ☒ Addition
NAME	MARSHA JONES	
STREET ADDRESS	4960 POLK CITY RD	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	ASST. STD	☐ Change ☒ Addition
NAME	CHERYL PELOQUIN	
STREET ADDRESS	816 HOLLY HILL RD	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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