

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36461

FILED
Jan 08, 2007
Secretary of State

Entity Name: GREATER DAVENPORT CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

5 ALLAPAHA AVE
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO BOX 994
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-1214092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HIRNEISEN, JEANNE
Address: 220 W BAY ST
City-St-Zip: DAVENPORT, FL 33837

Title: PD () Delete
Name: HAYS, JAMES W
Address: 2002 GOLFVIEW DR. N
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: NAFZIGER, CHARLES
Address: 13 W MAPLE ST
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Delete
Name: HIRNEISEN, PAUL L
Address: 220 N 7TH ST.
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete
Name: RHODES, PAMELA
Address: 28 W ORANGE ST.
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: MCKNIGHT, LOUIS
Address: PO BOX 65
City-St-Zip: DAVENPORT, FL 33836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RHODES, PAMELA
Address: 28 WEST ORANGE STREET
City-St-Zip: DAVENPORT, FL 33837

Title: TD (X) Change () Addition
Name: HAYS, JAMES W
Address: 2002 GOLFVIEW DR. N
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. HAYS

TRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date