

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36461

FILED  
May 07, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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

TD

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date