

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


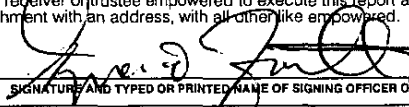
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Mar 02, 2004 8:00 am
Secretary of State

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01072004 Chg-NP CR2E037 (10/03)

DOCUMENT # N44691					
1. Entity Name THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF COMMERCE CHARITABLE TRUST, INC.					
Principal Place of Business 43 N. KROME AVE 2ND FLOOR HOMESTEAD, FL 33030 US			Mailing Address 43 N. KROME AVE 2ND FLOOR HOMESTEAD, FL 33030 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0339130	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINLAN, MARY A 43 N KROME AVENUE HOMESTEAD, FL 33030			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	LIPE, DANIEL	<input type="checkbox"/> Delete	TITLE	NEWMAN, SUSAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPE, DANIEL		NAME	690 Homestead Boulevard	
STREET ADDRESS	28801 SW 157 AVE		STREET ADDRESS	Homestead, FL 33030	
CITY - ST - ZIP	HOMESTEAD, FL 33033		CITY - ST - ZIP		
TITLE	GOLD, COREY	<input checked="" type="checkbox"/> Delete	TITLE	LIPE, DANIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	160 N W 13TH ST		NAME	28801 SW 157 Ave	
STREET ADDRESS	HOMESTEAD, FL 33030		STREET ADDRESS	Homestead, FL 33033	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	MC MILLIAN, JANE	<input checked="" type="checkbox"/> Delete	TITLE	PEYTON, DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	26 BISCAYNE BLVD, STE 3730		NAME	1550 N. Krome Ave.	
STREET ADDRESS	MIAMI, FL 33131		STREET ADDRESS	Homestead, FL 33030	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	PIERCE, JAMES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	48 NE 15TH ST.		NAME		
STREET ADDRESS	HOMESTEAD, FL 33030		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	WELLER, THOMAS	<input checked="" type="checkbox"/> Delete	TITLE	FARNES, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	65 NW 10 ST		NAME	250 E Palm Drive	
STREET ADDRESS	HOMESTEAD, FL 33030		STREET ADDRESS	Florida City, FL 33034	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	FIALLOS, IGNACIO	<input type="checkbox"/> Delete	TITLE	FIALLOS, IGNACIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 NE 3 STREET		NAME	392 SW 4 Street	
STREET ADDRESS	FLORIDA CITY, FL 33034		STREET ADDRESS	Florida City, FL 33034	
CITY - ST - ZIP			CITY - ST - ZIP		
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 like empowered.					
SIGNATURE: 			Date: 2/24/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305-245-6338		