



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90056 028 ****61.25

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		01072005 Chg-NP CR2E037 (10/03)	
				4. FEI Number 65-0339130	
				Applied For 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	
				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 _____ DATE _____ <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, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIPE, DANIEL	NAME			
STREET ADDRESS	28801 SW 157 AVE	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33033	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWMAN, SUSAN	NAME	<i>VD Newman, Susan</i>		
STREET ADDRESS	690 HOMESTEAD BLVD	STREET ADDRESS	<i>690 Homestead Blvd</i>		
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	<i>Homestead, FL 33030</i>		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEYTON, DAVID	NAME			
STREET ADDRESS	1550 N KROME AVE	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, JAMES	NAME			
STREET ADDRESS	48 NE 15TH ST.	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARNES, ROBERT	NAME	<i>VD Farnes, Robert</i>		
STREET ADDRESS	250 E PALM DR	STREET ADDRESS	<i>475 SE 20 Lane</i>		
CITY-ST-ZIP	FLORIDA CITY, FL 33004	CITY-ST-ZIP	<i>Homestead, FL 33033</i>		
TITLE	DD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIALLOS, IGNACIO	NAME	<i>D Fiallos, Ignacio</i>		
STREET ADDRESS	392 SW 4 STREET	STREET ADDRESS	<i>PO Box 343478</i>		
CITY-ST-ZIP	FLORIDA CITY, FL 33034	CITY-ST-ZIP	<i>Florida City, FL 33034</i>		
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: <i>Susan E. Newman</i>		Date: <i>2/17/05</i>		Daytime Phone #: <i>305-247-2302</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					