2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am Secretary of State

DOCUMENT # N44691 1. Entity Name THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF COMMERCE CHARITABLE TRUST, INC.						03-03-2000	5 90102 C)22 ****6	1.25
43 N. KROME AVE 43 N. KF 2ND FLOOR 2ND FLO HOMESTEAD, FL 33030 US HOMEST		Mailing Address 43 N. KROME AVE 2ND FLOOR HOMESTEAD, FL 33030	, KROME AVE Floor			3239			
2. Principal Place of Business 3. I		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State			4. FEI Number 65-0339			_ 	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	N		7. Name and A	Address of New	Registered .	Agent .	
FINLAN, MARY A 43 N KROME AVENUE				Name Street Address (P.O. Box Number is Not Acceptable)					
HOMESTE	EAD, FL 33030					•	·		
A Section 1			City	City FL Zip Code					
	neithed entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office o	r registered	l agent, or both	, in the State of F	Torida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ure required wh	nen reinetatinn)		DATE		
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$	5.00 May Be		Make chec	k payable t	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 ecoeyer 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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SIGNATURE: =