

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2006 90102 022 ****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**

40023250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0339130

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FINLAN, MARY A
43 N KROME AVENUE
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LIPE, DANIEL | |
| STREET ADDRESS | 28801 SW 157 AVE | |
| CITY-ST-ZIP | HOMESTEAD, FL 33033 | |
| TITLE | C/D | <input type="checkbox"/> Delete |
| NAME | NEWMAN, SUSAN | |
| STREET ADDRESS | 690 HOMESTEAD BLVD | |
| CITY-ST-ZIP | HOMESTEAD, FL 33030 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PEYTON, DAVID | |
| STREET ADDRESS | 1550 N KROME AVE | |
| CITY-ST-ZIP | HOMESTEAD, FL 33030 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PIERCE, JAMES | |
| STREET ADDRESS | 48 NE 15TH ST. | |
| CITY-ST-ZIP | HOMESTEAD, FL 33030 | |
| TITLE | V/D | <input type="checkbox"/> Delete |
| NAME | FARNES, ROBERT | |
| STREET ADDRESS | 475 SE 20 LANE | |
| CITY-ST-ZIP | HOMESTEAD, FL 33033 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | FIALLOS, IGNACIO | |
| STREET ADDRESS | PO BOX 343478 | |
| CITY-ST-ZIP | FLORIDA CITY, FL 33034 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ferrer, Ramon | |
| STREET ADDRESS | 9250 W. Flagler St | |
| CITY-ST-ZIP | Miami, FL 33147 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Newman, Susan | |
| STREET ADDRESS | 690 Homestead Blvd | |
| CITY-ST-ZIP | Homestead, FL 33030 | |
| TITLE | S/D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Peyton, David | |
| STREET ADDRESS | 1550 N Krome Ave | |
| CITY-ST-ZIP | Homestead, FL 33030 | |
| TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pierce, James | |
| STREET ADDRESS | 48 NE 15 St. | |
| CITY-ST-ZIP | Homestead, FL 33030 | |
| TITLE | C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Farnes, Robert | |
| STREET ADDRESS | 475 SE 20 Lane | |
| CITY-ST-ZIP | Homestead, FL 33033 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Romero, Julie | |
| STREET ADDRESS | 9220 SW 72 St, #206 | |
| CITY-ST-ZIP | Miami, FL 33173 | |

12. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06
Date

954-258-6465
Daytime Phone #