



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90019 040 ****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		40043111 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01162008 Chg-NP CR2E037 (12/06)	
Zip		Country		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	
				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 <u>Katy Oleson</u>				DATE <u>3/4/08</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	VP <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLESON, KATY	NAME	OLESON, KATY		
STREET ADDRESS	5 S. FLAGLER AVE	STREET ADDRESS	5 S. FLAGLER AVE		
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	HOMESTEAD, FL 33030		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EDWARDS, KATIE	NAME	Williams, Jerome		
STREET ADDRESS	1850 OLD DIXIE HWY	STREET ADDRESS	2646 SE 19 Ct.		
CITY-ST-ZIP	HOMESTEAD, FL 33033	CITY-ST-ZIP	HOMESTEAD, FL 33085		
TITLE	SDT <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRYTON, DAVID	NAME	Pryton, David		
STREET ADDRESS	1550 N KROME AVE	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, JAMES	NAME	Pierce, James		
STREET ADDRESS	48 NE 15TH ST	STREET ADDRESS	48 NE 15 Street		
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	HOMESTEAD, FL 33030		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	RAMKISSOON, PARSURAM	NAME			
STREET ADDRESS	27077 S. DIXIE HWY	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33032	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROMERO, JULIE	NAME	Dilson, Sharon		
STREET ADDRESS	9220 SW 72 ST, # 206	STREET ADDRESS	15600 SW 288 St.		
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	HOMESTEAD, FL 33030		
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: <u>Katy Oleson</u>				Date <u>3/4/08</u> Daytime Phone # <u>305-246-1904</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	