

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44691

FILED
Feb 01, 2012
Secretary of State

Entity Name: THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF COMMERCE CHARITABLE TRUST, INC.

Current Principal Place of Business:

455 N FLAGLER AVENUE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 901544
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 65-0339130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINLAN, MARY A
455 N FLAGLER AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GUGLIUZZA, CHARLES
Address: 381 N KROME AVE, #205
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: REICHLING, RENEE
Address: 28801 SW 157 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: D
Name: DEYTON, DAVID
Address: 1550 N KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: DT
Name: MAAS, JOHN P
Address: 44 NE 16TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: C
Name: HICKS, LINDA
Address: 600 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: ROTH, LARRY
Address: 692 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA HICKS

C

02/01/2012

Electronic Signature of Signing Officer or Director

Date