

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000937 (4)

1. Corporation Name

GATEWAY CHAMBER OF COMMERCE, INC.



Principal Place of Business

**4900-G CREEKSIDE DRIVE
CLEARWATER FL 34620
US**

Mailing Address

**4900-G CREEKSIDE DRIVE
CLEARWATER FL 34620
US**

3. Date Incorporated or Qualified
01/01/1993

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3165890

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARSON, SHIRLEY A
4900-G CREEKSIDE DRIVE
SUITE 190
CLEARWATER FL 34620**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **VEGTE, BRUCE B.**
STREET ADDRESS **2575 ULMERTON RD, STE 303**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE
NAME **JEFFERIES, STEPHEN**
STREET ADDRESS **5555 ROOSEVELT BLVD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **DICKSON, JAMES L**
STREET ADDRESS **13577 FEATHER SOUND DRIVE, SUITE 190**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **PD** ☐ DELETE
NAME **LARSON, SHIRLEY A**
STREET ADDRESS **4900-G CREEKSIDE DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ DELETE
NAME **CONTAKOS, NICK**
STREET ADDRESS **15500 NORTH EVERGREEN**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE
NAME **WRIGHT, SYLVIA J**
STREET ADDRESS **15500 NORTH EVERGREEN**
CITY-ST-ZIP **CLEARWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **1715 East Bay Dr., Suite B**
14 CITY-ST-ZIP **Largo, FL 34641**

21 TITLE **D** ☐ Change ☒ Addition
22 NAME **Richard Meldner**
23 STREET ADDRESS **13191 56th Court, Suite 101**
24 CITY-ST-ZIP **Clearwater, FL 34620**

31 TITLE **D** ☐ Change ☒ Addition
32 NAME **Mickey Fehr**
33 STREET ADDRESS **10551 36th Street No.**
34 CITY-ST-ZIP **Clearwater, FL 34622**

41 TITLE **D** ☐ Change ☒ Addition
42 NAME **Rick Jensen**
43 STREET ADDRESS **6051 78th Avenue North**
44 CITY-ST-ZIP **Pinellas Park, 34665**

51 TITLE **D** ☐ Change ☒ Addition
52 NAME **Jeff Albinson**
53 STREET ADDRESS **4625 East Bay Dr., Suite 223**
54 CITY-ST-ZIP **Clearwater, FL 34624**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)