


FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000937 (4)**

1. Corporation Name

**GATEWAY CHAMBER OF COMMERCE, INC.**



Principal Place of Business	Mailing Address
13555 AUTOMOBILE BLVD SUITE 120 CLEARWATER FL 04622- US	13555 AUTOMOBILE BLVD SUITE 120 CLEARWATER FL-04622- US

3. Date Incorporated or Qualified	01/01/1993
4. FEI Number	59-3165890
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. 33762	29. 33762
Country	Country
25.	30.

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
LARSON, SHIRLEY A 13555 AUTOMOBILE BLVD SUITE 120 CLEARWATER FL 33762-	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code 33762

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 *Shirley A. Larson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VEGTE, BRUCE B.
STREET ADDRESS	1715 EAST BAY DRIVE, SUITE B
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	MELDNER, RICHARD
STREET ADDRESS	13191 58TH COURT, SUITE 101
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	DICKSON, JAMES L
STREET ADDRESS	4707 140TH AVE N SUITE 309
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	LARSON, SHIRLEY A
STREET ADDRESS	13555 AUTOMOBILE BLVD, SUITE 120
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	ALBINSON, JEFF
STREET ADDRESS	4625 E BAY DR, SUITE 223
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FEHR, MICKEY
STREET ADDRESS	10551 36TH STREET NORTH
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lamb, Laura
1.3 STREET ADDRESS	4350 W. Cypress St., Suite 400
1.4 CITY-ST-ZIP	Tampa FL 33607
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Waters, Ron
2.3 STREET ADDRESS	1300 88th Ave. N.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33607
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Clendening, Scott
3.3 STREET ADDRESS	299 9th Street N.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnson, Karen
4.3 STREET ADDRESS	8851 U.S. Hwy. 19 N.
4.4 CITY-ST-ZIP	Pinellas Park, FL 33782
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Garrett, W. R.
5.3 STREET ADDRESS	2861 Executive Drive, 100-A
5.4 CITY-ST-ZIP	Clearwater, FL 33762
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Shirley A. Larson* 3-15-98 92-531-2715

CR2E037 (1097)