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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000937

1. Corporation Name

GATEWAY CHAMBER OF COMMERCE, INC.

Principal Place of Business

13555 AUTOMOBILE BLVD
SUITE 120
CLEARWATER FL 33762
US

Mailing Address

13555-AUTOMOBILE BLVD P.O.
SUITE 120
CLEARWATER FL 33762
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 4707 140th Ave. N, Suite, Apt. #, etc. 22 Suite 309 City & State 23 Clearwater, FL Zip Country 24 33762 25	26 P.O. Box 17779 Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip Country 29 33762-7779 30	01/01/1993 4. FEI Number 59-3165890 Applied For Not Applicable 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

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	L. James Dickson
82 Street Address (P.O. Box Number is Not Acceptable)	4707 140th Ave. N, Suite 309
83	
84 City	Clearwater 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: *L. James Dickson* DATE: 3-11-99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEGHE, BRUCE B.	1.2 NAME	
STREET ADDRESS	1715 EAST BAY DRIVE, SUITE B	1.3 STREET ADDRESS	See attached
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELDNER, RICHARD	2.2 NAME	
STREET ADDRESS	13191 56TH COURT, SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, JAMES L	3.2 NAME	
STREET ADDRESS	4707 140TH AVE N SUITE 309	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, SHIRLEY A	4.2 NAME	
STREET ADDRESS	13555 AUTOMOBILE BLVD, SUITE 120	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBINSON, JEFF	5.2 NAME	
STREET ADDRESS	4625 E BAY DR, SUITE 223	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, LAURA	6.2 NAME	Gabrelcik, Laura
STREET ADDRESS	4350 W CYPRESS ST, STE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	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, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED, President* DATE: 3-11-99 DAYTIME PHONE #: 727-531-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)

N92000000937
28314790112.41

Additions to Board of Directors
Gateway Chamber of Commerce, Inc.

Frank Guzzo
2875 MCI Drive
Pinellas Park, FL 33782

Steve Shargo
Raymond James Financial Services, Inc.
One Progress Plaza
St. Petersburg, FL 33701

Karen Johnson
8851 US Highway 19 N
Pinellas Park, FL 33716

W.R. Bob Garret
2861 Executive Drive, Suite 100A
Clearwater, FL 33762

Scott Clendening
299-9th Street N
St. Petersburg, FL 33701

Barry Rothstein
P.O. Box 202
St. Petersburg, FL 33731

Alan McBride
14450 46th Street North, Suite 112
Clearwater, FL 33762

Gordon Moore
3193 Tech Drive
St. Petersburg, FL 33716

Thomas Kaczmarek
13191 56th Curt, Suite 103
Clearwater, FL 33760

Louis Albano
6160 Ulmerton Road, Suite 1
Clearwater, FL 33760

Rene Remund
5770 Roosevelt Blvd., No. 625
Clearwater, FL 33760