

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90011 009 \*\*\*\*61.25

<b>DOCUMENT # N92000000937</b> 1. Entity Name <b>GATEWAY CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>P.O. BOX 20241</b> <b>ST. PETERSBURG, FL 33742 US</b>			Mailing Address <b>P.O. BOX 20241</b> <b>ST. PETERSBURG, FL 33742 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3165890</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FIECHTNER, LINDA</b> <b>4500 140TH AVE. NO. #101</b> <b>CLEARWATER, FL 33762</b>			Name <u>Same as #6</u> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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>Linda Fiechter</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-18-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>NEAL, SCOTT</b> <b>437 WATERFORD CIRCLE E</b> <b>TARPON SPRINGS, FL 34688</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Fisher, Ray</b> <b>4750 62nd Ave. N.</b> <b>Pinellas Park, FL 33781</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HODGES, NOREEN</b> <b>14044 ICOT BLVD</b> <b>CLEARWATER, FL 33762</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Swafford, Shari</b> <b>14004 Roosevelt Blvd. #601A</b> <b>Clearwater, FL 33762</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FIECHTNER, LINDA</b> <b>4500 140TH AVE. NORTH, SUITE 101</b> <b>CLEARWATER, FL 33762</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kerdi, Jinnie</b> <b>10596 Gandy Blvd.</b> <b>St. Petersburg, FL 33702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WAGNER, TOM</b> <b>220 W BRANDON BLVD #206</b> <b>TAMPA, FL 33687</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Webb, Lynn</b> <b>48 - 1 86th Ave. N.</b> <b>Pinellas Park, FL 33782</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAY, DIANNE</b> <b>2325 ULMERTON ROAD #11</b> <b>CLEARWATER, FL 33762</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PINO, JAIME</b> <b>140 CARILLON PARKWAY</b> <b>SAINT PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 lines empowered.					
SIGNATURE: <u>Linda Fiechter</u> <u>Linda Fiechter</u> <u>1-18-06</u> <u>(727) 539-7002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					