2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002368

FILED Apr 29, 2005 Secretary of State

Entity Name: GREATER TAMPA CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 615 CHANNELSIDE DR STE 108 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** PO BOX 420 TAMPA, FL 336010420 FEI Number: 59-3462329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREATER TAMPA CHAMBER OF COMMERCE, INC. 615 CHANNELSIDE DR STE 108 TAMPA, FL 33602 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SCHEELER, KIM SCHEELER, KIM Name: Name: 401 E JACKSON ST STE 2100 Address: 615 CHANNELSIDE DR STE 108 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: (X) Change () Addition ORCHARD, GREGORY Name: ORCHARD, GREGORY Name: Address: 401 E JACKSON ST STE 2100 Address: 615 CHANNELSIDE DR STE 108 City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: (X) Change () Addition RAMIL, JOHN MCCLURE, FREDRICK Name: Name: 702 FRANKLIN ST 101 E KENNEDY BLVD, STE 2000 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: TD () Delete Title: D (X) Change () Addition VALIENTE, JOSE Name: Name: VALIENTE, JOSE 1715 N WEST SHORE BLVD STE 950 Address: 1715 N WEST SHORE BLVD STE 950 Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607 Title: () Delete Title: () Change () Addition ELLISON, CS Name: Name: 5100 W KENNEDY BLVD STE 250 Address: Address: TAMPA, FL 33609 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIM SCHEELER P 04/29/2005