

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002368

FILED
Jan 18, 2007
Secretary of State

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

Current Principal Place of Business:

615 CHANNELSIDE DR
STE 108
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 420
TAMPA, FL 336010420

New Mailing Address:

FEI Number: 59-3462329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREATER TAMPA CHAMBER OF COMMERCE, INC.
615 CHANNELSIDE DR
STE 108
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SCHEELER, KIM
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: KIM SCHEELER

01/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHEELER, KIM
Address: 615 CHANNELSIDE DR STE 108
City-St-Zip: TAMPA, FL 33602

Title: V () Delete
Name: SALAMONE, MARCIE
Address: 615 CHANNELSIDE DR STE 108
City-St-Zip: TAMPA, FL 33602

Title: TD () Delete
Name: GENSHAFT, JUDY
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D () Delete
Name: MCCLURE, FREDRICK
Address: 101 E KENNEDY BLVD STE 2000
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: VALIENTE, JOSE
Address: 1715 N WESTSHORE BLVD STE 950
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MCSHEFFREY, JONATHAN D
Address: 615 CHANNELSIDE DR STE 108
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: GENSHAFT, JUDY
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DTS (X) Change () Addition
Name: GONZALEZ, HENRY
Address: 601 BAYSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JONATHAN MCSHEFFREY

V

01/18/2007

Electronic Signature of Signing Officer or Director

Date