

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90001 032 \*\*\*\*70.00

<b>DOCUMENT # N97000004171</b>					
<b>1. Entity Name</b> PALM HARBOR CHAMBER OF COMMERCE FOUNDATION, INC.					
<b>Principal Place of Business</b> 1151 NEBRASKA AVE PALM HARBOR, FL 34683 US			<b>Mailing Address</b> 1151 NEBRASKA AVE PALM HARBOR, FL 34683 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3484438	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BLENNER, WALT STE. 701, 2708 ALTERNATE 19 N. PALM HARBOR, FL 34683			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P/D BLENNER, WALT 2708 ALT 19 N, SUITE 701 PALM HARBOR, FL 34683		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P/D SHARON LAMM 4618 BRAYTON TERRACE N PALM HARBOR, FL 34685	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP/D LAMM, SHARON 4618 BRAYTON TERRACE N PALM HARBOR, FL 34685		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP/D KAREN MAHORNEY 90 PATRIOT BANK 1815 LITTLE ROAD TRINITY, FL 34655	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S/D MAHORNEY, KAREN C/O PATRIOT BANK 1815 LITTLE ROAD TRINITY, FL 34655		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S/D TED FREIDINGER 1114 FLORIDA AVENUE, SUITE B PALM HARBOR, FL 34683	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T/D FREIDINGER, TED 1114 FLORIDA AVENUE, SUITE B PALM HARBOR, FL 34683		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T/D GENE COPPOLA 2330 NEBRASKA AVENUE PALM HARBOR, FL 34683	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D DAVIS, CONSTANCE 1151 NEBRASKA AVENUE PALM HARBOR, FL 34683		Change Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Change Addition		Change Addition		
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> _____			7/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		