

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90008 038 \*\*\*\*61.25

**DOCUMENT # N99000002617**

1. Entity Name  
**CHAMBER BUSINESS ASSISTANCE CORPORATION**



Principal Place of Business  
**1130 CLEVELAND STREET  
CLEARWATER, FL 33755**

Mailing Address  
**1130 CLEVELAND STREET  
CLEARWATER, FL 33755**

**54038363**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3572855**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZSCHAU, JULIUS J  
2701 N ROCKY POINT DRIVE  
STE 930  
TAMPA, FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **FERRARA, RAYMOND**  
STREET ADDRESS **611 E DRUID RD 105**  
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DUNCAN, HOLLY**  
STREET ADDRESS **1200 DRUID ROAD**  
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **GRAY, GARY S**  
STREET ADDRESS **1130 CLEVELAND STREET**  
CITY-ST-ZIP **CLEARWATER, FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Doug Graska**  
STREET ADDRESS **1130 Cleveland Street**  
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **D** ☐ Delete  
NAME **CAMPBELL, GLORIA**  
STREET ADDRESS **23494 US HWY 19 N**  
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MEIDEL, MIKE**  
STREET ADDRESS **17757 US HWY 19 N. #660**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RENFROW, JEANETTE**  
STREET ADDRESS **1680 GULF TO BAY BLVD**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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.

**SIGNATURE:** *Holly W. Duncan*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #