


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90016 035 ****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		
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 59-3572855	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELIAS, BUD		NAME		
STREET ADDRESS	2555 ENTERPRISE RD #11-3		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUNCAN, HOLLY		NAME	Robert Clifford	
STREET ADDRESS	1200 DRUID ROAD		STREET ADDRESS	601 Cleveland Street, Ste 160	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRASKA, DOUGLAS		NAME		
STREET ADDRESS	1130 CLEVELAND ST.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, GLORIA		NAME	William Short	
STREET ADDRESS	23494 US HWY 19 N		STREET ADDRESS	2605 Enterprise Road, Ste 100	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARRINGTON, CHUCK		NAME		
STREET ADDRESS	400 MYRTLE AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENFROW, JEANETTE		NAME		
STREET ADDRESS	1617 GULF TO BAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764 S		CITY-ST-ZIP	33755	
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.					
SIGNATURE: <i>Jeanette S Renfrow</i>			Date: <i>4/1/06</i> Daytime Phone #: <i>727-723-7273</i>		