


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90126 001 \*\*\*183.75

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

66001527



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-3572855 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 COLEMAN, ELIZABETH  
 1130 CLEVELAND STREET  
 CLEARWATER, FL 33755

7. Name and Address of New Registered Agent  
 Name *Kevin Gartland*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1130 Cleveland Street*  
 City *Clearwater* FL Zip Code *33755*

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]* KEVIN O. GARTLAND 1/22/2008  
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, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ELIAS, BUD	
STREET ADDRESS	2555 ENTERPRISE RD #11-3	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFORD, ROBERT	
STREET ADDRESS	601 CLEVELAND ST STE 160	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRICKHOUSE, BRENDA	
STREET ADDRESS	2166 PALMETTO STREET	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORT, WILLIAM	
STREET ADDRESS	2605 ENTERPRISE RD STE 100	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, ROBERT	
STREET ADDRESS	1111 N. MCMULLEN BOOTH ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RENFROW, JEANETTE	
STREET ADDRESS	1617 GULF TO BAY BLVD	
CITY-ST-ZIP	CLEARWATER, FL 33755	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Carol Hague</i>	
STREET ADDRESS	<i>911 Chestnut Street</i>	
CITY-ST-ZIP	<i>Clearwater, FL 33765</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**POSTED**

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: *[Signature]* William Short 1/25/08 727-451-2272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #