

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707495

**Entity Name:** CENTRAL PINELLAS CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**801 WEST BAY DRIVE  
SUITE 602  
LARGO, FL 33770**Current Mailing Address:**801 WEST BAY DRIVE  
SUITE 602  
LARGO, FL 33770 US**FEI Number:** 59-0703345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRISSETTE, THOMAS J  
801 WEST BAY DRIVE  
SUITE 602  
LARGO, FL 33770 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MORRISSETTE, THOMAS J
Address	801 WEST BAY DRIVE SUITE 602
City-State-Zip:	LARGO FL 33770
Title	DIRECTOR
Name	TOBE, SEAN
Address	83 NORTH PARK PLACE BOULEVARD SUITE 101
City-State-Zip:	CLEARWATER FL 33759
Title	DIRECTOR
Name	ENGLAND, ROB
Address	12255 75TH STREET N.
City-State-Zip:	LARGO FL 33773

Title	DIRECTOR
Name	HUNTER, MELODY
Address	7100 SAVOY COURT
City-State-Zip:	SEMINOLE FL 33776
Title	DIRECTOR
Name	LAKE, SCOTT
Address	557 SOUTH DUNCAN AVENUE
City-State-Zip:	CLEARWATER FL 33756

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS MORRISSETTE

PRESIDENT

01/12/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date