

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725108

**Entity Name:** GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**455 N FLAGLER AVENUE  
HOMESTEAD, FL 33030**Current Mailing Address:**P O BOX 901544  
HOMESTEAD, FL 33090 US**FEI Number: 59-0652495****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRITO, ROSA I  
455 N FLAGLER AVE  
HOMESTEAD, FL 33030 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:** ROSA I BRITO**01/18/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | DUQUETTE, BILL     |
| Address         | 975 BAPTIST WAY    |
| City-State-Zip: | HOMESTEAD FL 33033 |

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | GOLD, COREY        |
| Address         | 975 BAPTIST WAY    |
| City-State-Zip: | HOMESTEAD FL 33035 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | ROTH, LARRY          |
| Address         | 692 N HOMESTEAD BLVD |
| City-State-Zip: | HOMESTEAD FL 33030   |

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | PEYTON, DAVID      |
| Address         | 1550 N KROME AVE   |
| City-State-Zip: | HOMESTEAD FL 33030 |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR/ TREASURER |
| Name            | PIERCE, JAMES       |
| Address         | 44 NE 16 STREET     |
| City-State-Zip: | HOMESTEAD FL 33030  |

|                 |                      |
|-----------------|----------------------|
| Title           | CHAIRMAN             |
| Name            | MOSCYNSKI, ELIZABETH |
| Address         | 888 KINGMAN ROAD     |
| City-State-Zip: | HOMESTEAD FL 33035   |

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:** ELIZABETH MOSCYNSKI**CHAIRMAN****01/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date