

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21076

Entity Name: ENGLEWOOD FLORIDA CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**601 S INDIANA AVENUE
ENGLEWOOD, FL 34223-3788**Current Mailing Address:**601 S INDIANA AVENUE
ENGLEWOOD, FL 34223-3788 US**FEI Number:** 59-0876627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, ED EXECUTIVE DIRECTOR
601 S INDIANA AVENUE
ENGLEWOOD, FL 34223 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:** ED HILL

04/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, DIRECTOR
Name BARBER, SCOTT
Address 2045 N BEACH ROAD
City-State-Zip: ENGLEWOOD FL 34223

Title P, PRESIDENT
Name STEAD, KEN
Address 6950 PLACIDA ROAD
City-State-Zip: ENGLEWOOD FL 34224

Title D, DIRECTOR
Name CHAPPELL, FRANK
Address 1960 BEACH ROAD
City-State-Zip: ENGLEWOOD FL 34223

Title OTHER, PAST PRESIDENT
Name MILLER, ELAINE
Address 300 W. DEARBORN ST.
City-State-Zip: ENGLEWOOD FL 34223

Title PRESIDENT
Name MOORE, CAROL
Address 601 S. INDIANA AVENUE
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name MUSILLI, DON
Address P.O.BOX 465
City-State-Zip: ENGLEWOOD FL 34295

Title ED, EXECUTIVE DIRECTOR
Name HILL, ED
Address 601 S INDIANA AVE
City-State-Zip: ENGLEWOOD FL 34223

Title D, DIRECTOR
Name BAILEY, JOHN
Address 881 S.. RIVER RD
City-State-Zip: ENGLEWOOD FL 34223

Continues on page 2

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: ED HILL

EXECUTIVE DIRECTOR

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D, DIRECTOR
Name DOMIAN, BRYAN
Address 70 N. INDIANA AVE
City-State-Zip: ENGLEWOOD FL 34223

Title PRESIDENT ELECT
Name FARLOW, KEITH
Address 2080 S. MCCALL RD
City-State-Zip: ENGLEWOOD FL 34224

Title D, DIRECTOR
Name FARO, BRIAN
Address 1200 S. MCCALL RD
City-State-Zip: ENGLEWOOD FL 34223

Title TREASURER
Name KNAUF, MARK
Address 2230 S. MCCALL RD
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR
Name MARY , SMEDLEY
Address 1200 S. MCCALL RD
City-State-Zip: ENGLEWOOD FL 34223

Title D, DIRECTOR
Name DEAN, COREY L
Address 4205 S. TAMIAMI TR
City-State-Zip: ENGLEWOOD FL 34293

Title VP
Name MARQUIS, BOBBIE
Address 985 GULF BOULEVARD
City-State-Zip: ENGLEWOOD FL 34223

Title VP
Name VARNER, JONATHAN
Address 1201 S. MCCALL RD
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name BRIAN, FARO
Address P.O.BOX 712
City-State-Zip: PLACIDA FL 33946

Title DIRECTOR
Name POWELL-STAFFORD, VALERIE
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223