

FILE NOW: FILING FEE IS \$61.25

1-2

|                                                          |                                                                                   |                                                                                                   |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # **704719** (4)  
1. Corporation Name  
**FLAGLER COUNTY CHAMBER OF COMMERCE, INC.**



|                                                                                                     |                                                                                         |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2 AIRPORT DRIVE<br/>STAR ROUTE, BOX 18-N<br/>BUNNELL FL 32110</b> | Mailing Address<br><b>2 AIRPORT DRIVE<br/>STAR ROUTE, BOX 18-N<br/>BUNNELL FL 32110</b> |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date incorporated or Qualified<br><b>10/25/1962</b>                                                                                                      | 3a. Date of Last Report<br><b>05/01/1995</b>           |
| 4. FEI Number<br><b>59-1168213</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                            |                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>MORRIS, RICHARD E<br/>100 WESTFIELD LANE<br/>PALM COAST FL 32137</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 <b>200001870962</b><br><b>-06/21/96--01032--024</b><br>84 City<br><b>***61.25</b> <b>FL</b> 85 Zip Code |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

\*SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |                                                                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>PAGE, BRUCE<br/>2 OLD KINGS RD. N.<br/>PALM COAST FL</b> <input checked="" type="checkbox"/> DELETE             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MAYNARD, CAROLYN<br/>1805 CENTRAL AVENUE N.<br/>FLAGLER BEACH FL</b> <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>GUBERMAN, MICHAEL S<br/>35 BRITTANY LANE<br/>PALM COAST FL</b> <input type="checkbox"/> DELETE                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MCCORT, THOMAS<br/>146 PARKVIEW DRIVE<br/>PALM COAST FL</b> <input checked="" type="checkbox"/> DELETE          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RYAN, KENT<br/>800 LAMBERT AVE<br/>FLAGLER BCH FL</b> <input checked="" type="checkbox"/> DELETE                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LICHTER, VALDIN<br/>ONE COMMERCE BLVD<br/>PALM COAST FL</b> <input type="checkbox"/> DELETE                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |                                                                                                                                                                   |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | <b>President<br/>Barbara S. Revels<br/>316 S. A1A<br/>Flagler Beach, FL 32136</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | <b>VP<br/>George Golden<br/>One Pine Lakes Pkwy. N.<br/>Palm Coast, FL 32137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | <b>T<br/>Armand Bedard<br/>103 Flagler Plaza Dr.<br/>Palm Coast, FL 32137</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | <b>VP<br/>Timothy K. Douglas<br/>25 Florida Park Dr. #B<br/>Palm Coast, FL 32135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 904/4370106  
Date Daytime Phone

CR2E037 (12/95)

704719

## Block 13 continued

VP

Scott Nieminen  
96 Flagler Plaza Dr.  
Palm Coast, fL 32137

VP

Maureen Price  
600 N. State St.  
Bunnell, FL 32110

D

Dr. Howard Turner  
3000 Palm Coast Pkwy. S.E.  
Palm Coast, FL 32137

D

Gary Wheeler  
1 Florida Park Dr. S. #340  
Palm Coast, FL 32137

D

Bill White  
ONE Corporate Dr.  
Palm Coast, FL 32137

D

Richard E. Morris  
100 Westfield Ln.  
PalmCoast, FL 32137