


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710179 (3)**

1. Corporation Name  
**JENSEN BEACH CHAMBER OF COMMERCE, INC.**

Principal Place of Business 1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957	Mailing Address 1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957
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3. Date Incorporated or Qualified <b>01/07/1966</b>	
4. FEI Number <b>59-0682897</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MIRANDA, REY**  
1910 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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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 office 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVEN, RON	1.2 NAME	<b>BANGO TERRY</b>
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	1.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD</b>
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANGO, TERRY	2.2 NAME	<b>HURTT, TERRY</b>
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	2.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYSOR, LUCIOUS	3.2 NAME	<b>MUZZO, BOB</b>
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	3.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARIS, JERRY	4.2 NAME	<b>PARIS, JERRY</b>
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	4.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESS, CLAY	5.2 NAME	<b>LESS, CLAY</b>
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	5.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MIKE	6.2 NAME	<b>DULCHAJ BOB</b>
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	6.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
CITY-ST-ZIP	JENSEN BEACH FL	6.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BANGO TERRY</b>
1.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD</b>
1.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HURTT, TERRY</b>
2.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
2.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MUZZO, BOB</b>
3.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
3.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PARIS, JERRY</b>
4.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
4.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>LESS, CLAY</b>
5.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
5.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DULCHAJ BOB</b>
6.3 STREET ADDRESS	<b>1910 NE JENSEN BEACH BLVD.</b>
6.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 in an attachment with an address.

SIGNATURE: [Signature] **REQUIRED** 1/4/98 334-3444

CR2E037 (10/97)