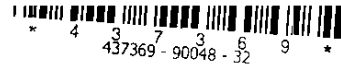


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FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90126 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710179 Corporation Name JENSEN BEACH CHAMBER OF COMMERCE, INC.			
Principal Place of Business 1100 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957		Mailing Address 1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957	



21. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	22. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 01/07/1966	4. FEI Number 59-0682897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent MRANDA REY 1910 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957	10. Name and Address of New Registered Agent 81 Name RON HAVEN 82 Street Address (P.O. Box Number is Not Acceptable) 1910 NE JENSEN BEACH BLVD 83 84 City JENSEN BEACH FL 85 Zip Code 34957
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Ronald Haven* DATE **4/23/99**

92. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURTT, TERRY		1.2 NAME RON HAVEN	
STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD.		1.3 STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD	
CITY, ST., ZIP JENSEN BEACH FL 34957		1.4 CITY, ST., ZIP JENSEN BEACH, FL 34957	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BANGO, TERRY		2.2 NAME DAWN FOGARTY	
STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD.		2.3 STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD.	
CITY, ST., ZIP JENSEN BEACH FL 34957		2.4 CITY, ST., ZIP JENSEN BEACH, FL 34957	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUZZO, BOB		3.2 NAME PAUL NEWMAN	
STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD.		3.3 STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD	
CITY, ST., ZIP JENSEN BEACH FL 34957		3.4 CITY, ST., ZIP JENSEN BEACH FL 34957	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARIS, JERRY		4.2 NAME BOB MUZZO	
STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD.		4.3 STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD	
CITY, ST., ZIP JENSEN BEACH FL 34957		4.4 CITY, ST., ZIP JENSEN BEACH FL 34957	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LESS, CLAY		5.2 NAME	
STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD.		5.3 STREET ADDRESS	
CITY, ST., ZIP JENSEN BEACH FL 34957		5.4 CITY, ST., ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUCHAJ, BOB		6.2 NAME	
STREET ADDRESS 1910 N.E. JENSEN BEACH BLVD.		6.3 STREET ADDRESS	
CITY, ST., ZIP JENSEN BEACH FL 34957		6.4 CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Ronald Haven* SIGNATURE REQUIRED *Ronald Haven* DATE **4/23/99**

CRP/037-017/98