

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **731346** (3)

1. Corporation Name

WEST NASSAU COUNTY CHAMBER OF COMMERCE, INC.

55 APR 28 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**104 LEM TURNER ROAD
P.O. BOX 98
CALLAHAN FL 32011**

Mailing Address
**104 LEM TURNER ROAD
P.O. BOX 98
CALLAHAN FL 32011**

3. Date Incorporated or Qualified 12/09/1974	3a. Date of Last Report 05/23/1994
4. FEI Number 23-7430825	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 401 S. Kings Road Suite, Apt. #, etc.	26 401 S. Kings Road Suite, Apt. #, etc.
22 P. O. Box 98 City & State	27 P. O. Box 98 City & State
23 Callahan, Florida	28 Callahan, Florida
24 32011 Country	25 Nassau Country
29 32011 Country	30 Nassau Country

9. Name and Address of Current Registered Agent

**EDWARDS, JAMES W
3150 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name Roswitha Abels
82 Street Address (P.O. Box Number is Not Acceptable) 300 First Ave. East
83
84 City Callahan
85 Zip Code FL 32011

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Roswitha T. Abels DATE 4-25-95

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

12. OFFICERS AND DIRECTORS

TITLE PD	NAME EDWARDS, JAMES W
STREET ADDRESS 3150 S. FLETCHER AVE.	CITY-ST-ZIP FERNANDINA BCH. FL 32034
TITLE VD	NAME ABELS, ROSWITHA
STREET ADDRESS 300 FIRST AVE. EAST	CITY-ST-ZIP CALLAHAN FL 32011
TITLE TD	NAME QUALE, BILL
STREET ADDRESS RT 1, BOX 920 U.S. 1	CITY-ST-ZIP CALLAHAN FL 32011
TITLE D	NAME OXLEY, J.M.
STREET ADDRESS 3150 S. FLETCHER AVENUE	CITY-ST-ZIP CALLAHAN FL 32011
TITLE D	NAME ABELS, ROSWITHA
STREET ADDRESS 300 FIRST AVE. E.	CITY-ST-ZIP CALLAHAN FL
TITLE VD	NAME BYRKETT, JEFF
STREET ADDRESS 401 SO. KINGS RD.	CITY-ST-ZIP CALLAHAN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Ex-Officio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME James Edwards	
1.3 STREET ADDRESS 3150 S. Fletcher Ave.	
1.4 CITY-ST-ZIP Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE President	
2.2 NAME Roswitha Abels	
2.3 STREET ADDRESS 300 First Ave. East	
2.4 CITY-ST-ZIP Callahan, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE Vice President	
3.2 NAME Tom Williams	
3.3 STREET ADDRESS Rt. 4, Box 236	
3.4 CITY-ST-ZIP Callahan, FL 32011	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE Treasurer	
4.2 NAME Jerry Greeson	
4.3 STREET ADDRESS 14th Street Box 456	
4.4 CITY-ST-ZIP Fernandina Beach, 32034	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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: Roswitha T. Abels DATE 4-25-95 904-879-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)