

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731346 (3)
1. Corporation Name
WEST NASSAU COUNTY CHAMBER OF COMMERCE, INC.



50000017552005
03/25/96-01003--021
***61.25

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 04/28/1995
2. Principal Place of Business 21 401 S. Kings Rd. Suite, Apt. #, etc. 22 First Union Bldg. City & State 23 Callahan, FL Zip 24 32011	2a. Mailing Address 26 P. O. Box 98 Suite, Apt. #, etc. 27 City & State 28 Callahan, FL Zip 29 32011	4. FEI Number 23-7430825	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		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 Williams, Tom 82 Street Address (P.O. Box Number is Not Acceptable) Rt. 4, Box 236 83 84 City Callahan 85 Zip Code FL 32011	
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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: *Tom Williams*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	EDWARDS, JAMES W 3150 S. FLETCHER AVE. FERNANDINA BCH. FL 32034	1.1 TITLE PD	President
NAME		1.2 NAME	Tom Williams
STREET ADDRESS		1.3 STREET ADDRESS	Rt. 4, Box 236, Callahan, FL 32011
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	ABELS, ROSWITHA 300 FIRST AVE. EAST CALLAHAN FL 32011	2.1 TITLE VD	V-President
NAME		2.2 NAME	Jimmy Weaver
STREET ADDRESS		2.3 STREET ADDRESS	401 S. Kings Rd, Callahan, FL 32011
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	QUAILE, BILL RT 1, BOX 920 U.S. 1 CALLAHAN FL 32011	3.1 TITLE TD	Treasurer
NAME		3.2 NAME	Paul Schwend
STREET ADDRESS		3.3 STREET ADDRESS	Box 1104 Callahan, FL 32011
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	OXLEY, J.M. 3150 S. FLETCHER AVENUE CALLAHAN FL 32011	4.1 TITLE VD	Ex-Officio
NAME		4.2 NAME	Roswitha Abels
STREET ADDRESS		4.3 STREET ADDRESS	300 First Ave. E, Callahan, FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	ABELS, ROSWITHA 300 FIRST AVE. E. CALLAHAN FL	5.1 TITLE D	Jim Mayo
NAME		5.2 NAME	1700 E. Lime St.
STREET ADDRESS		5.3 STREET ADDRESS	Fernandina Beach, FL 32034
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VD	BYRKETT, JEFF 401 SO. KINGS RD. CALLAHAN FL	6.1 TITLE D	Don Hughes
NAME		6.2 NAME	Box 969
STREET ADDRESS		6.3 STREET ADDRESS	Yulee, FL 32097
CITY-ST-ZIP		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 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: *Tom Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR#E037 (12/95)

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