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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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.



Principal Place of Business

Mailing Address

401 S. KINGS RD
FIRST UNION BLDG
CALLAHAN FL 32011
US

PO BOX 98
CALLAHAN FL 32011-0098

3. Date Incorporated or Qualified
12/09/1974

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
23-7430825

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, TOM
RT 4, BOX 236
CALLAHAN FL 32011

81 Name Jim L. Mayo

82 Street Address (P.O. Box Number is Not Acceptable)
1250 S. 18th Street

83

84 City Fernandina Beach FL 85 Zip Code 32034

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME WILLIAMS, TOM
STREET ADDRESS RT 4, BOX 236
CITY-ST-ZIP CALLAHAN FL 32011

1.1 TITLE PD Change Addition
1.2 NAME Mayo, Jim L.
1.3 STREET ADDRESS 1250 S. 18th Street
1.4 CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE VD DELETE
NAME ABELS, ROSWITHA
STREET ADDRESS 300 FIRST AVE. EAST
CITY-ST-ZIP CALLAHAN FL 32011

2.1 TITLE D Change Addition
2.2 NAME Williams, Tom
2.3 STREET ADDRESS 3547 Vontz Way
2.4 CITY-ST-ZIP Callahan, FL 32011

TITLE VD DELETE
NAME WEAVER, JIMMY
STREET ADDRESS 401 S. KINGS RD
CITY-ST-ZIP CALLAHAN FL 32011

3.1 TITLE VD Change Addition
3.2 NAME Woehrle, Dean
3.3 STREET ADDRESS 1714 S. Kings Rd.
3.4 CITY-ST-ZIP Callahan, FL 32011

TITLE D DELETE
NAME MAYO, JIM
STREET ADDRESS 1700 E LIME ST
CITY-ST-ZIP FERNANDINA BCH FL 32034

4.1 TITLE T Change Addition
4.2 NAME Rau, Debra
4.3 STREET ADDRESS 401 S. Kings Rd.
4.4 CITY-ST-ZIP Callahan, FL 32011

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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.

SIGNATURE:

Jim L. Mayo REQUIRED

1-24-97

(904)879-1441

CR2E037 (9/96)