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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 731346**  
 1. Corporation Name  
**GREATER NASSAU COUNTY CHAMBER OF COMMERCE, INC.**

Principal Place of Business: 401 S. KINGS RD, FIRST UNION BLDG, CALLAHAN FL 32011 US

Mailing Address: PO BOX 98, CALLAHAN FL 32011

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number
23. City & State	27. City & State	5. Certificate of Status Desired
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution
25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOEHRLE, DEAN ROUTE 4, BOX 7232 HILLIARD FL 32048	81. Name: Jones, Elliott 82. Street Address (P.O. Box Number is Not Acceptable): 5029 Stratton Rd. 83. 84. City: Callahan FL 85. Zip Code: 32011

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: *Elliott Jones* Elliott Jones President DATE: 2-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	MAYO, JIM L	1.2 NAME	Jones, Elliott
STREET ADDRESS	1250 S. 16TH ST.	1.3 STREET ADDRESS	5029 Stratton Rd.
CITY-ST-ZIP	FERNANDINA BCH FL 32034	1.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	D	2.1 TITLE	
NAME	WILLIAMS, TOM	2.2 NAME	
STREET ADDRESS	3547 VONTZ WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	2.4 CITY-ST-ZIP	02-01-1999 9010 ? 026 8461-26
TITLE	V	3.1 TITLE	V
NAME	WOEHRLE, DEAN	3.2 NAME	Isham WARREN
STREET ADDRESS	RT 4., BOX 7232 'N/A'	3.3 STREET ADDRESS	3990 Booth Rd.
CITY-ST-ZIP	HILLIARD FL 32048	3.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	D	4.1 TITLE	D
NAME	MAYO, JIM	4.2 NAME	Terrell, Lucy
STREET ADDRESS	7964 W COUNTY RD 108	4.3 STREET ADDRESS	1610 Terrell Farms Rd
CITY-ST-ZIP	HILLIARD FL 32048	4.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	T	5.1 TITLE	T
NAME	RAU, DEBRA	5.2 NAME	Jones, Suzie
STREET ADDRESS	401 S. KINGS RD.	5.3 STREET ADDRESS	7964 W. County Rd. 108
CITY-ST-ZIP	CALLAHAN FL 32011	5.4 CITY-ST-ZIP	HILLIARD, FL 32046
TITLE	D	6.1 TITLE	D
NAME	SNYDER, KM	6.2 NAME	EDWARDS, James
STREET ADDRESS	1939 S 8TH ST #4	6.3 STREET ADDRESS	3150 S. Fletcher Ave
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	6.4 CITY-ST-ZIP	Fernandina Bch, FL 32034

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: *Elliott Jones* DATE: 2-5-99 (904) 879-1441

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