

DOCUMENT # 731346

1. Entity Name
GREATER NASSAU COUNTY CHAMBER OF COMMERCE, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90139 012 ****61.25



DO NOT WRITE IN THIS SPACE

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

Mailing Address
PO BOX 98
CALLAHAN FL 32011

2. Principal Place of Business
5352 W. STATE RD. 200
Suite, Apt. #, etc.
SUITE E

3. Mailing Address
Suite, Apt. #, etc.
City & State
CALLAHAN, FL

City & State
CALLAHAN, FL
Zip
32011
Country
US

City & State
City
Country

4. FEI Number
23-7430825
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ISHAM, WARREN
3990 BOOTH RD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent
Name James L. Conner
Street Address (P.O. Box Number is Not Acceptable)
RT 2 Box 3815
City HILLIARD FL Zip Code 32046

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *James L. Conner* James L. Conner, President 1/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISHAM, WARREN 3990 BOOTH RD CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, KIM 5081 SABAL PALM RD # 52 FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEIGER, BARBARA 4577 RATIFF RD CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, TOM 3547 VONTZ WY CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JAMES 3150 S. FLETCHER AVE. FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James L. Conner RT 2 Box 3815 HILLIARD, FL 32046 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rose M. Thraette 1488 S. KINGS RD. CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Isidro R. Gajo 11425 WARRIOR WAY Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marianne Marshall 86 GAGE RD. Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Amy Everett 1127 HATTON RD. Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James L. Conner* James L. Conner, President 01/05/01 904-879-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)