

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732246 (4)
1. Corporation Name
SANTA ROSE COUNTY CHAMBER OF COMMERCE, INC.

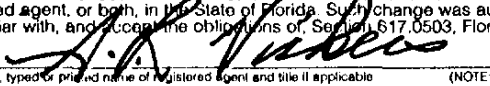
Principal Place of Business 5247 STEWART ST MILTON FL 32570-4737 US	Mailing Address 5247 STEWART ST MILTON FL 32570-4737 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/24/1975	4. FEI Number 59-0730134	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	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

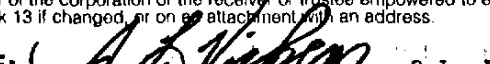
9. Name and Address of Current Registered Agent BEDICS, RICHARD 5988 HIGHWAY 90 MILTON FL 32583	10. Name and Address of New Registered Agent 81 Name S. L. VICKERS 82 Street Address (P.O. Box Number is Not Acceptable) 5247 STEWART ST. 83 84 City MILTON FL 85 Zip Code 32570-4737
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11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAYMOND, ROGERS 603 CANAL ST MILTON FL 32570 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP RAYMOND ROGERS 603 CANAL ST MILTON FL 32570 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DARBY, RENATE 1450 BERRYHILL ROAD MILTON FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV DONNA TUCKER 7601 SCENIC HWY PENSACOLA FL 32504-6841 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUCKMAN, SAM 5356 JEREMY DRIVE MILTON FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS C. ROBERT HILLIARD 917 N. PALAFOX ST. PENSACOLA FL 32501 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEDICS, RICHARD 5988 HIGHWAY 90 MILTON FL 32583 ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DM S. L. VICKERS 5247 STEWART ST. MILTON FL 32570-4737 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE:  S. L. VICKERS, EXECUTIVE DIRECTOR 850-623-2339

CR2E037 (10/97)