

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 740636 (6)

1. Corporation Name
STUART/MARTIN COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business 1650 S KANNER HIGHWAY STUART FL 34994-7108	Mailing Address 1650 S KANNER HIGHWAY STUART FL 34994-7108
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1977	3a. Date of Last Report 04/08/1994
4. FEI Number 59-0684483	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 27	28 City & State
24 Zip 25	Country 29
30 Zip 30	Country

9. Name and Address of Current Registered Agent

**CATRAMBONE, JOSEPH A.
1650 S KANNER HIGHWAY
STUART FL 34994**

10. Name and Address of Now Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	BRYANT, WILLIAM J	11 TITLE Past President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	203 W OCEAN BLVD	12 NAME	
STREET ADDRESS	STUART FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE P	HORNE, GARTH	21 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 SW FLAGLER	22 NAME Spraker, Mikel C.	
STREET ADDRESS	STUART FL	23 STREET ADDRESS 701 Colorado Avenue	
CITY - ST - ZIP		24 CITY - ST - ZIP Stuart, FL	
TITLE PE	GILBERT, A. DOUGLAS	31 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	US #1 AND COLORADO, 1ST NAT'L BNK	32 NAME	
STREET ADDRESS	STUART FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE D	CARR, PETER A.	41 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3553 CORPORATE WAY	42 NAME Powers, Steve	
STREET ADDRESS	PALM CITY FL	43 STREET ADDRESS 555 N.E. Ocean Blvd.	
CITY - ST - ZIP		44 CITY - ST - ZIP Stuart, FL	
TITLE D	POST, ROBERT M. JR.	51 TITLE President-Elect	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15851 SW FARMS RD	52 NAME	
STREET ADDRESS	INDIANTOWN FL	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE EVP	CATRAMBONE, JOSEPH A.	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1650 S. KANNER HWY	62 NAME	
STREET ADDRESS	STUART FL	63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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: *X Joseph A. Carr* **5/3/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Name)