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FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34994-7152
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3. Date Incorporated or Qualified 10/27/1977	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number 59-0684483	Applied For <input checked="" 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CATRAMBONE, JOSEPH A.
1650 S KANNER HIGHWAY
STUART FL 34994**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE FREEMAN, REBECCA K 1939 S. FEDERAL HWY. STUART FL	1.1 TITLE D same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PE	<input type="checkbox"/> DELETE SPRAKER, MIKEL C. 701 COLORADO AVE. STUART FL	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PP	<input checked="" type="checkbox"/> DELETE GILBERT, A. DOUGLAS US #1 AND COLORADO, 1ST NAT'L BNK STUART FL	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE POWERS, STEVE 555 N.E. OCEAN BLVD. STUART FL	4.1 TITLE President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PE	<input type="checkbox"/> DELETE POST, ROBERT M. JR. 15851 SW FARMS RD INDIANTOWN FL	5.1 TITLE Past-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EVP	<input type="checkbox"/> DELETE CATRAMBONE, JOSEPH A. 1650 S. KANNER HWY STUART FL	6.1 TITLE Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ SIGNATURE REQUIRED **4/22/97 1-561-287-1088**

CP2E037 (9/96)