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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 10/27/1977
4. FEI Number: 59-0684483
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for City & State, Sulte, Apt. #, etc., Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, REBECCA K	
STREET ADDRESS	1939 S. FEDERAL HWY.	
CITY-ST-ZIP	STUART FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPRAKER, MIKEL C.	
STREET ADDRESS	701 COLORADO AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARLETTA, TONY	
STREET ADDRESS	67 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL	
TITLE	PDE	<input type="checkbox"/> DELETE
NAME	POWERS, STEVE	
STREET ADDRESS	24113 SW LOVE CT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	POST, ROBERT M. JR.	
STREET ADDRESS	15851 SW FARMS RD	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CATRAMBONE, JOSEPH A.	
STREET ADDRESS	1650 S. KANNER HWY	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FREEMAN, REBECCA K.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPRAKER, MIKEL C.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	POWERS, STEPHEN J.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DANIEL, KARLIN	
5.3 STREET ADDRESS	50 S.E. KINDRED ST., SUITE 103	
5.4 CITY-ST-ZIP	STUART, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: _____

CR2E037 (10/97)