

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767304 (9)
1. Corporation Name
PERDIDO KEY AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business
**15500 PERIDIO KEY DR
PENSACOLA FL 32507
US**

Mailing Address
**P.O. BOX 34052
PENSACOLA FL 32507**

3. Date Incorporated or Qualified
03/04/1983

3a. Date of Last Report
02/07/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2993049		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**CHASE, JAMES L.
101 EAST GOVERNMENT STREET
PENSACOLA FL 32501**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SEDES, DEBBIE	
STREET ADDRESS	13753 PERIDIO KEY DR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALEXANDER, BILL	
STREET ADDRESS	10455 GULF BEACH HWY	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRAHAM, MERRY J	
STREET ADDRESS	13039 SORRENTO RD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGREEVEY, MARTIN	
STREET ADDRESS	17400 PERIDIO KEY DR	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, BONNIE	
STREET ADDRESS	14340 INNERARITY POINT RD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGFORD, CECELIA	
STREET ADDRESS	13575 SANDY KEY DR	
CITY - ST - ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alexander, Bill	
1.3 STREET ADDRESS	10455 Perdido Key Dr	
1.4 CITY - ST - ZIP	Pensacola, FL 32507	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McGreevey, Martin	
2.3 STREET ADDRESS	17400 Perdido Key Dr	
2.4 CITY - ST - ZIP	Pensacola, FL 32507	
3.1 TITLE	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JoAnne Reminick	
3.3 STREET ADDRESS	14110 Perdido Key Dr	
3.4 CITY - ST - ZIP	Pensacola, FL 32507	
4.1 TITLE	Tres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Taylor Barnes	
4.3 STREET ADDRESS	12490 Gulf Beach Hwy.	
4.4 CITY - ST - ZIP	Pensacola, FL 32507	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

MERRY J GRAHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96
Date

904)492-4660
Daytime Phone #

CR2E037 (12/95)