


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 PERDIDO KEY DR PENSACOLA FL 32507 US	Mailing Address P.O. BOX 34052 PENSACOLA FL 32507-4052
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1983		3a. Date of Last Report 01/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2993049		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEXANDER, BILL			1.2 NAME	BARNES, TAYLOR		
STREET ADDRESS	10455 PERDIDO KEY DRIVE			1.3 STREET ADDRESS	12490 GULF BEACH HWY		
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGREEVEY, MARTIN			2.2 NAME	GILCHRIST, JOE		
STREET ADDRESS	17400 PERDIDO KEY DRIVE			2.3 STREET ADDRESS	17401 PERDIDO KEY DRIVE		
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REMINICK, JOANNE			3.2 NAME	REMINICK, JOANNE		
STREET ADDRESS	14110 PERDIDO KEY DRIVE			3.3 STREET ADDRESS	14110 PERDIDO KEY DRIVE		
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNES, TAYLOR			4.2 NAME	BUTLER, PEGGY		
STREET ADDRESS	12490 GULF BEACH HWY			4.3 STREET ADDRESS	5151 CHOCTAW AVE.		
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP	PENSACOLA FL 32507		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWELL, BONNIE			5.2 NAME	SEDES, DEBBIE		
STREET ADDRESS	14340 INNERARITY POINT RD			5.3 STREET ADDRESS	16281 PERDIDO KEY DRIVE		
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP	PENSACOLA FL 32507		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANGFORD, CECILIA			6.2 NAME	STROMQUIST, JILL		
STREET ADDRESS	13575 SANDY KEY DR			6.3 STREET ADDRESS	4263 LAGO VISTA CT		
CITY-ST-ZIP	PENSACOLA FL			6.4 CITY-ST-ZIP	PENSACOLA FL 32506		

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, as an attachment with an address.

CR2E037 (9/96)