


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767304** (9)  
1. Corporation Name  
**PERDIDO KEY AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business <b>15500 PERDIDO KEY DR PENSACOLA FL 32507 US</b>	Mailing Address <b>P.O. BOX 34052 PENSACOLA FL 32507</b>
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3. Date Incorporated or Qualified <b>03/04/1983</b>	4. FEI Number <b>59-2993049</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARNES, TAYLOR</b>	
STREET ADDRESS	<b>12490 GULF BEACH HWY</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GILCHRIST, JOE</b>	
STREET ADDRESS	<b>17401 PERDIDO KEY DRIVE</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>REMINICK, JOANN</b>	
STREET ADDRESS	<b>14110 OERDUDI JET DRUVE</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTLER, PEGGY</b>	
STREET ADDRESS	<b>5151 CHOCTAW AVE</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SEDES, DEBBIE</b>	
STREET ADDRESS	<b>16281 PERDIDO KEY DR E</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>STROMQUIST, BILL</b>	
STREET ADDRESS	<b>6263 LAGO VISTA CT</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Joe Gilchrist</b>	
1.3 STREET ADDRESS	<b>17401 Perdido Key Drive</b>	
1.4 CITY - ST - ZIP	<b>Perdido Key FL 32507</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>Vice President</b>	
2.2 NAME	<b>Marty McGreevy</b>	
2.3 STREET ADDRESS	<b>17400 Perdido Key Drive</b>	
2.4 CITY - ST - ZIP	<b>Perdido Key FL 32507</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>Secretary</b>	
3.2 NAME	<b>JoAnn Reminick</b>	
3.3 STREET ADDRESS	<b>14110 Perdido Key Drive</b>	
3.4 CITY - ST - ZIP	<b>Perdido Key FL 32507</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<b>Treasurer</b>	
4.2 NAME	<b>Peggy Butler</b>	
4.3 STREET ADDRESS	<b>5151 Choctaw Avenue</b>	
4.4 CITY - ST - ZIP	<b>Pensacola FL 32507</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<b>Director</b>	
5.2 NAME	<b>Debbie Sedes</b>	
5.3 STREET ADDRESS	<b>16281 Perdido Key Drive</b>	
5.4 CITY - ST - ZIP	<b>Perdido Key FL 32507</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<b>Executive Director</b>	
6.2 NAME	<b>Bill Stromquist</b>	
6.3 STREET ADDRESS	<b>6263 Lago Vista Court</b>	
6.4 CITY - ST - ZIP	<b>Pensacola FL 32507</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.13, 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: *Bill Stromquist* **Bill Stromquist Executive Director 24 APR 98 (854) 492-4660**

CR2E037 (10/97)