

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90008 025 ****70.00

DOCUMENT # 767304

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/04/1983

4. FEI Number

59-2993049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 ☐ DELETE

NAME GILCHRIST, JOE
STREET ADDRESS 17401 PERDIDO KEY DR
CITY-ST-ZIP PERDIDO KEY FL 32507

TITLE VP ☐ DELETE

NAME MCGREEVY, MARTY
STREET ADDRESS 17400 PERDIDO KEY DR
CITY-ST-ZIP PERDIDO KEY FL 32507

TITLE S ☐ DELETE

NAME REMINICK, JOANN
STREET ADDRESS 14110 OERDUDI JET DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE T ☐ DELETE

NAME BUTLER, PEGGY
STREET ADDRESS 5151 CHOCTAW AVE
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME SEDES, DEBBIE
STREET ADDRESS 16281 PERDIDO KEY DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE ED ☐ DELETE

NAME STROMQUIST, BILL
STREET ADDRESS 7263 LAGO VISTA CT
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME MCGREEVY, MARTY
1.3 STREET ADDRESS 17400 PERDIDO KEY DRIVE
1.4 CITY-ST-ZIP PERDIDO KEY, FL 32507

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME WATERS, DEBBIE
2.3 STREET ADDRESS 16281 PERDIDO KEY DRIVE
2.4 CITY-ST-ZIP PERDIDO KEY, FL 32507

3.1 TITLE SECRETARY ☐ Change ☐ Addition

3.2 NAME REMINICK, JOANN
3.3 STREET ADDRESS 14110 PERDIDO KEY DRIVE
3.4 CITY-ST-ZIP PERDIDO KEY, FL 32507

4.1 TITLE TREASURER ☒ Change ☐ Addition

4.2 NAME WEBSTER, ELAINE
4.3 STREET ADDRESS 5930 RENEE TERRACE
4.4 CITY-ST-ZIP PENSACOLA, FL 32507

5.1 TITLE DIRECTOR ☒ Change ☐ Addition

5.2 NAME THOMPSON, FRANK
5.3 STREET ADDRESS 14795 PERDIDO KEY DRIVE
5.4 CITY-ST-ZIP PERDIDO KEY, FL 32507

6.1 TITLE EXECUTIVE DIRECTOR ☐ Change ☐ Addition

6.2 NAME STROMQUIST, BILL
6.3 STREET ADDRESS 7263 LAGO VISTA CT
6.4 CITY-ST-ZIP PENSACOLA, FL 32506

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, with all other like empowered.

SIGNATURE: *Bill Stromquist* 25 AUG 99 850-492-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)