

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8: 28

DOCUMENT # **N21370** (4)

1. Corporation Name

PANAMA CITY BEACHES CHAMBER OF COMMERCE, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
415 BECKRICH RD., #200 P.O. BOX 9348
PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32417
US US

3. Date Incorporated or Qualified 06/29/1987	3a. Date of Last Report 11/18/1994
4. FEI Number 59-2857564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent
Do
~~SMITH JENNIFER A~~
415 BECKRICH RD., #200
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent
81 Name Parish Debi A.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Debi A. Parish (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HILTON, JULIE
STREET ADDRESS	11127 FRONT BEACH ROAD
CITY - ST - ZIP	PANAMA CITY BEACH FL 32407
TITLE	D
NAME	SOSTHEIM, PETER
STREET ADDRESS	737 JENKS AVENUE
CITY - ST - ZIP	PANAMA CITY FL 32402
TITLE	VPD
NAME	PILCHER, JACKIE
STREET ADDRESS	8310 EAST HWY. 22
CITY - ST - ZIP	PANAMA CITY FL 32404
TITLE	PD
NAME	SHAFFER, DON
STREET ADDRESS	13911 BACK BEACH ROAD
CITY - ST - ZIP	PANAMA CITY BEACH FL 32413
TITLE	TD
NAME	SCHNITKER, MARK
STREET ADDRESS	110 SOUTH ARNOLD RD
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D
NAME	SPARKS, TOM
STREET ADDRESS	11212 FRONT BEACH ROAD
CITY - ST - ZIP	PANAMA CITY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 110.07(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: Debi A. Parish ex Director 4-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Time #)