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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N21370**

1. Corporation Name
PANAMA CITY BEACHES CHAMBER OF COMMERCE, INCORPO RATED

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/29/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2857564 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. ***Name and Address of Current Registered Agent***

PARISH, DEBI A
415 BECKRICH RD., #200
PANAMA CITY BEACH FL 32407

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	HUNT, DEBORAH		1.2 NAME	Hunt, Deborah	
STREET ADDRESS	P.O. BOX 2950 N/A		1.3 STREET ADDRESS	P.O. Box 2950	
CITY-ST-ZIP	PANAMA CITY FL 32402		1.4 CITY-ST-ZIP	Panama City FL 32402	
TITLE	D	☐ DELETE	2.1 TITLE	D/P	☐ Change ☐ Addition
NAME	DUNAWAY, JOHN		2.2 NAME	Dunaway, John	
STREET ADDRESS	P.O. BOX 18225 N/A		2.3 STREET ADDRESS	P.O. Box 18225	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32417		2.4 CITY-ST-ZIP	Panama City Beach, FL 32417	
TITLE	SD	☐ DELETE	3.1 TITLE	DS	☐ Change ☐ Addition
NAME	PILCHER, JACKIE		3.2 NAME	Pilcher, Jackie	
STREET ADDRESS	P.O. BOX 2209 N/A		3.3 STREET ADDRESS	P.O. Box 2209	
CITY-ST-ZIP	PANAMA CITY FL 32402		3.4 CITY-ST-ZIP	Panama City, FL 32402	
TITLE	T	☐ DELETE	4.1 TITLE	DT	☐ Change ☐ Addition
NAME	GUEESLING, JOHN		4. 2 NAME	Gueesling III, John	
STREET ADDRESS	11001 FRONT BEACH RD		4.3 STREET ADDRESS	11001 Front Beach Road	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		4.4 CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE	VP	☐ DELETE	5.1 TITLE	VP	☐ Change ☐ Addition
NAME	SABISTON, PAT		5.2 NAME	Sabiston, Pat	
STREET ADDRESS	4412 FLETCHER PL		5.3 STREET ADDRESS	4412 Fletcher Pl	
CITY-ST-ZIP	PANAMA CITY FL 32405		5.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	VP	☐ DELETE	6.1 TITLE	VP	☐ Change ☐ Addition
NAME	FLEMING, MARIE		6.2 NAME	Fleming, Marie	
STREET ADDRESS	P.O. BOX 9067 N/A		6.3 STREET ADDRESS	P.O. Box 9067	
CITY-ST-ZIP	PANAMA CITY FL 32417		6.4 CITY-ST-ZIP	Panama City, FL 32417	

CR2E037 (11/98)

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: Deborah Hunt REQUIRED 1-4-99 850-233-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #