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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N28227 (9)  
1. Corporation Name

ORMOND BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address  
165 GRANADA BLVD. 165 GRANADA BLVD.  
C/O JOHN CONNORS. P.O. BOX 874 C/O JOHN CONNORS. P.O. BOX 874  
ORMOND BCH. FL 32174 ORMOND BEACH FL 32174-6303

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1988	3a. Date of Last Report 02/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0618671	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
CONNORS, JOHN  
165 GRANADA BLVD.  
ORMOND BEACH FL 32174

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	D EPTON, JOSEPH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	209 NORTH NOVA ROAD	1.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D RAMIREZ, RAFAEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 OCEANSHORE BLVD.	2.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CONNORS, JOHN M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	185 W. GRANADA BLVD.	3.2 NAME	
STREET ADDRESS	ORMOND BCH. FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CURTIS, TIM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1110 WEST GRANADA BLVD	4.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GRANVILLE, GERALD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 N. NOVA ROAD	5.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ALLEN, JOHN C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 EAST GRANADA BLVD	6.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

CR2E037 (9/96)