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**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90005 025 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28227**

1. Corporation Name  
**ORMOND BEACH CHAMBER OF COMMERCE, INC.**

Principal Place of Business 165 GRANADA BLVD. C/O JOHN CONNORS. P.O. BOX 874 ORMOND BCH. FL 32174 US	Mailing Address 165 GRANADA BLVD. C/O JOHN CONNORS. P.O. BOX 874 ORMOND BEACH FL 32174
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2. Principal Place of Business 21 <u>165 W. Granada Blvd</u> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <u>P.O. Box 874</u> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 09/07/1988	4. FEI Number 59-0618671	Applied For Not Applicable
23 <u>Ormond Beach, FL</u> City & State	28 <u>Ormond Beach, FL</u> City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 <u>32174</u> 25 <u>USA</u> Zip Country	29 <u>32173</u> 30 <u>USA</u> Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 <u>Peggy H. Farmer</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>165 W. Granada Blvd.</u> 83 84 City <u>Ormond Beach, FL</u> 85 Zip Code <u>32174</u>
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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 Peggy Farmer, Executive Director - Peggy Farmer 3/25/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME CHRISTIANSON, CLARK	1.1 TITLE VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Nancy Lohman
STREET ADDRESS 875 STERTHAUS AVENUE	CITY-ST-ZIP ORMOND BEACH FL 32174	1.3 STREET ADDRESS 733 W. Granada Blvd.	1.4 CITY-ST-ZIP Ormond Beach, FL 32174
TITLE VCD <input type="checkbox"/> DELETE	NAME CONNORS, KEVIN	2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME Connors, Kevin
STREET ADDRESS 23 COOLIDGE	CITY-ST-ZIP ORMOND BEACH FL 32174	2.3 STREET ADDRESS 23 Coolidge Ave	2.4 CITY-ST-ZIP Ormond Beach, FL 32174
TITLE D <input checked="" type="checkbox"/> DELETE	NAME CONNORS, JOHN M.	3.1 TITLE MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME Peggy H. Farmer
STREET ADDRESS 165 W. GRANADA BLVD.	CITY-ST-ZIP ORMOND BCH. FL	3.3 STREET ADDRESS 165 W. Granada Blvd	3.4 CITY-ST-ZIP Ormond Beach, FL 32174
TITLE VCD <input type="checkbox"/> DELETE	NAME DISCH, BRAD	4.1 TITLE VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME Terry Braley
STREET ADDRESS 58 E. GRANADA BLVD.	CITY-ST-ZIP ORMOND BEACH FL 32176	4.3 STREET ADDRESS 115 Muirfield Dr.	4.4 CITY-ST-ZIP Daytona Beach, FL 32118
TITLE STD <input type="checkbox"/> DELETE	NAME MECKLEM, CHUCK	5.1 TITLE VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME Rick Rivers
STREET ADDRESS 299 NORTH NOVA ROAD	CITY-ST-ZIP ORMOND BEACH FL 32176	5.3 STREET ADDRESS 321 N US Highway One	5.4 CITY-ST-ZIP Ormond Bch, FL 32174
TITLE VCD <input checked="" type="checkbox"/> DELETE	NAME EVAN, GREG	6.1 TITLE	6.2 NAME
STREET ADDRESS 1666 OCEAN SHORE BOULEVARD	CITY-ST-ZIP ORMOND BEACH FL 32176	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: [Signature] SIGNATURE REQUIRED 3/22/99 704-677-3454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)