

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709243 (0)

1. Corporation Name

FLORIDA CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

136 SO. BRONOUGH STREET
P.O. BOX 11309
TALLAHASSEE FL 32302

136 SO. BRONOUGH STREET
P.O. BOX 11309
TALLAHASSEE FL 32302-3309
US

3. Date Incorporated or Qualified
07/01/1965

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0248200

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYLL, FRANK M., JR.
136 SO. BRONOUGH STREET
TALLAHASSEE FL 32302

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	RYLL, FRANK M. JR	
STREET ADDRESS	136 SO. BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CASSELS LEON	
STREET ADDRESS	136 S BRONOUGH ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BEALL, ROBERT M II	
STREET ADDRESS	1806 38 AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENTZER, CARL F	
STREET ADDRESS	777 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THAYER, A B	
STREET ADDRESS	1715 WESTSHORE BLVD #755	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, ROBERT W	
STREET ADDRESS	136 SOUTH BRONOUGH STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	EVP
6.3 STREET ADDRESS	BLAKE WILSON
6.4 CITY-ST-ZIP	136 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32301

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 119.07(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:

[Signature] FRANK M. RYLL

4-15-96

904-425-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)