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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714220** (1)
1. Corporation Name
FLORIDA CHAMBER OF COMMERCE FOUNDATION, INC.



Principal Place of Business INC. 136 S BRONOUGH ST TALLAHASSEE FL 32301-7706	Mailing Address P. O. BOX 11309 136 S BRONOUGH ST TALLAHASSEE FL 32302-3309 US
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3. Date Incorporated or Qualified 03/08/1968
4. FEI Number 59-6209605
Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CASSELS, LEON H
136 S. BRONOUGH ST
TALLAHASSEE FL 32031**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	RYLL, FRANK M JR.
STREET ADDRESS	136 S. BRONOUGH ST
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	SVP <input type="checkbox"/> DELETE
NAME	CASSELS, LEON
STREET ADDRESS	136 S. BRONOUGH ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOWDEN, TRAMS
STREET ADDRESS	PO BOX 1151 N/A
CITY-ST-ZIP	PENSACOLA FL 32520-1151
TITLE	TCD <input type="checkbox"/> DELETE
NAME	GOODE, R.R.
STREET ADDRESS	3600 NW 82 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CASSELS, LEON H
STREET ADDRESS	136 S. BRONOUGH ST.
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	RYLL, FRANK M JR.
STREET ADDRESS	136 S. BRONOUGH ST.
CITY-ST-ZIP	TALLAHASSEE FL 32301-7706

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	EVP <input checked="" 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	PAST CHAIR, D <input checked="" 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	000002547840
5.3 STREET ADDRESS	-06/04/98--01070--015
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	EDWARD PEDDIE CHAIR, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	136 S. BRONOUGH ST.
6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301

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.

SIGNATURE *Leon H. Cassels, CFO* **Leon H. Cassels 4-28-98 850-425-1231**

CR2E037 (10/97)