


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra P. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N28227** (9)
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
--	--

3. Date Incorporated or Qualified 09/07/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-0618671	
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 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 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
---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNORS, JOHN
165 GRANADA BLVD.
ORMOND BEACH FL 32174**

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	299 NORTH NOVA ROAD	1.2 NAME	Clark Christianson
STREET ADDRESS	ORMOND BEACH FL	1.3 STREET ADDRESS	875 Sterthaus Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D RAMIREZ, RAFAEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Chairman D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1400 OCEANSHORE BLVD.	2.2 NAME	Kevin Connors
STREET ADDRESS	ORMOND BEACH FL	2.3 STREET ADDRESS	23 Coolidge
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CONNORS, JOHN M.	3.2 NAME	600002554476
STREET ADDRESS	165 W. GRANADA BLVD.	3.3 STREET ADDRESS	-06/10/98-01042-002
CITY-ST-ZIP	ORMOND BCH. FL	3.4 CITY-ST-ZIP	***\$61.25
TITLE	D CURTIS, TIM <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice Chairman D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1110 WEST GRANADA BLVD	4.2 NAME	Brad Disch
STREET ADDRESS	ORMOND BEACH FL	4.3 STREET ADDRESS	58 E. Granada Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ormond Beach, FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D GRANVILLE, GERALD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary/Treasurer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	575 N. NOVA ROAD	5.2 NAME	Chuck Mecklem
STREET ADDRESS	ORMOND BEACH FL	5.3 STREET ADDRESS	299 N. Nova Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Vice Chairman D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, JOHN C	6.2 NAME	Greg Evans
STREET ADDRESS	115 EAST GRANADA BLVD	6.3 STREET ADDRESS	1666 Ocean Shore Blvd.
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	Ormond Beach, FL 32176

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.

CR2E037 (10/97)