SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $138 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 15 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700312 (2)

1. Corporation Name
ST. PETERSBURG BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
6990 GULF BOULEVARD ST. PETERSBURG BEACHM FL 33706	6990 GULF BOULEVARD ST. PETERSBURG BEACHM FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1966
3a. Date of Last Report: 08/03/1994
4. FEI Number: 59-0815614 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAMS, NOEL
6990 GULF BLVD
ST. PETE BEACH FL 33706

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 Noel Sams, Executive Director
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	VP	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MS. JOANNE CAHILL	1.2 NAME	Ms. Joanne Cahill	
STREET ADDRESS	7500 GULF BLVD	1.3 STREET ADDRESS	7500 Gulf Blvd	
CITY-ST-ZIP	ST. PETE BEACH FL	1.4 CITY-ST-ZIP	St. Pete Beach, FL	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	REPAS, MARIA	2.2 NAME		
STREET ADDRESS	1238 66TH ST., NO.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LOEHR, NANCY	3.2 NAME		
STREET ADDRESS	575 75TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG BCH. FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SAMS, NOEL	4.2 NAME	Sams, Noel	
STREET ADDRESS	54 COREY AVE.	4.3 STREET ADDRESS	54 Corey Ave.	
CITY-ST-ZIP	ST. PETE BEACH FL	4.4 CITY-ST-ZIP	St. Pete Beach, FL	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, BOB	5.2 NAME		
STREET ADDRESS	1101 PASADENA AVE., STE. 2	5.3 STREET ADDRESS		
CITY-ST-ZIP	S. PASADENA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	JOAN WALKER	6.2 NAME		
STREET ADDRESS	2500 PASS-A-GRILLE WAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE BEACH FL	6.4 CITY-ST-ZIP		

JW 9/14

CR2E037 (3/95)

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)(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: Noel Sams, Executive Director 4/12/95 (813)360-6957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013529

700312

SPOOR & associates

A Professional Association
Certified Public Accountants

FILING INSTRUCTIONS

STATE OF FLORIDA ANNUAL REPORT

SIGNATURE AND DUE DATE

Both copies should be signed and dated by an authorized officer of the corporation, with the title and phone number indicated. The original should then be mailed in the enclosed envelope on or before ~~May 1, 1995~~ August 9. **We recommend that the return be mailed Certified Return Receipt Requested.** Keep the receipt with your copy of the report.

WHERE TO FILE

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, FL 32302-1500

PAYMENT

A check payable to the Secretary of State in the following amount should accompany the return.

$_____ (Profit Entity)

$ 155.00 (Non -Profit Entity) & late fee

$_____ (Includes fee of Registered Agent Changes)

SPECIAL INSTRUCTIONS

Please verify the accuracy of the information contained in this report, noting any changes on the report before filing.

1101 Pasadena Avenue South • Suite 2 • South Pasadena, Florida 33707 • (813) 343-7166 • FAX (813) 345-3116