

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703230** (3)

1. Corporation Name

**NAPLES AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business

**3620 N TAMiami TRAIL  
NAPLES FL 33940-0789**

Mailing Address

**3620 N TAMiami TRAIL  
NAPLES FL 34103-3705**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

3. Date Incorporated or Qualified

**11/21/1961**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**58-0688292**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**COLEMAN, J MICHAEL  
3174 TAMiami TR E  
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name

**Judy Keller**

82 Street Address (P.O. Box Number is Not Acceptable)

**3620 N. Tamiami Trail**

83

84 City

**Naples**

**FL**

85 Zip Code

**34103**

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

**Judy Keller, Executive Director**

(NOTE: Registered Agent signature required when replacing)

DATE

**4-30-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ALAN D.	
STREET ADDRESS	5440 12TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAMMARATA, JOHN W	
STREET ADDRESS	970 NOTTINGHAM DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HONEYCUTT, SUKIE	
STREET ADDRESS	7011 SANDALWOOD LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CANDITO, JOSEPH P.	
STREET ADDRESS	2540 11TH CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	KELLER, JUDY A.	
STREET ADDRESS	408 GOLFVIEW DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PEACOCK, ROBERT V.	
STREET ADDRESS	2149 PINESWOODS CIRCLE	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Garrett, Donald F.	
1.3 STREET ADDRESS	4933 No. Tamiami Trail, Suite 300	
1.4 CITY-ST-ZIP	Naples, FL 34103	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anderson, Kim	
2.3 STREET ADDRESS	4089 Tamiami Trail, Suite A203	
2.4 CITY-ST-ZIP	Naples, FL 34103	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boyd, Kim	
3.3 STREET ADDRESS	975 Sixth Ave. So, Suite 104	
3.4 CITY-ST-ZIP	Naples, FL 34102	
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cameron, Scott	
4.3 STREET ADDRESS	1250 Tamiami Trail No.,	
4.4 CITY-ST-ZIP	Naples, FL 34102	
5.1 TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Keller, Judy	
5.3 STREET ADDRESS	3620 No. Tamiami Trail	
5.4 CITY-ST-ZIP	Naples, FL 34103	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Honeycutt, Sukie	
6.3 STREET ADDRESS	1300 Third St. So.	
6.4 CITY-ST-ZIP	Naples, FL 34109	

14. I do 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:

**Judy Keller**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0068883**

CR2E037 (9/96)