

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3: 12

DOCUMENT # 703450 (7)
1. Corporation Name

ISLAMORADA CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address
82600 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036
82600 OVERSEAS HIGHWAY P.O. BOX 915 ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/15/1962** 3a. Date of Last Report **12/09/1994**
4. FEI Number **59-1031258** 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 \$68.75 Supplemental Fee Not Required
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

LOCKHART, RACHEL
82688 OVERSEAS HWY
ISLAMORADA FL 33036

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | NAME | 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TD | FOX, WILLIAM N 87200 OVERSEAS HWY. ISLAMORADA FL | 1.2 NAME | |
| PD | ROSENTHAL, HENRY 81500 OVERSEAS HWY. ISLAMORADA FL | 1.3 STREET ADDRESS | |
| VD | KETAY, RAYMOND 117 S. HAMMOCK RD. ISLAMORADA FL | 1.4 CITY-ST-ZIP | |
| SD | PALM, KYM 133 ROYAL ISLAMORADA FL | 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| VD | BROACH, WILLIAM A. 70851 OVERSEAS HWY ISLAMORADA FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| | | 3.1 TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Type or Print Name of Signing Officer or Director)

(Date)

(Phone Area #)

1/25/95 **305-664-4623**