

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703450 (7)

1. Corporation Name

ISLAMORADA CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

82688 OVERSEAS HIGHWAY
P.O. BOX 915
ISLAMORADA FL 33036

82688 OVERSEAS HIGHWAY
P.O. BOX 915
ISLAMORADA FL 33036

3. Date Incorporated or Qualified
01/15/1962

3a. Date of Last Report
02/15/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKHART, RACHEL
82688 OVERSEAS HWY
ISLAMORADA FL 33036

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
FOX, WILLIAM N
87200 OVERSEAS HWY.
ISLAMORADA FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROSENTHAL, HENRY
81500 OVERSEAS HWY.
ISLAMORADA FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
MASON, EILEEN
84001 OVERSEAS HWY
ISLAMORADA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
PALM, KYM
133 ROYAL
ISLAMORADA FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BROACH, WILLIAM A.
79851 OVERSEAS HWY
ISLAMORADA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PD

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TD

RAYMOND KETAY
P.O. Box 767
ISLAMORADA, FL 33036

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

SD

GENE HARTIN
P.O. Box 184
ISLAMORADA, FL 33036

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

VD

☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

Signature and typed or printed name of signing officer or director
WILLIAM N. FOX

1/31/96

305-444-4503
Daytime Phone #

CR2E037 (12/95)