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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **714220** (1)

1. Corporation Name

FLORIDA CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
INC. 136 S BRONOUGH ST TALLAHASSEE FL 32301-7706	P. O. BOX 11309 136 S BRONOUGH ST TALLAHASSEE FL 32302-3309 US

3. Date Incorporated or Qualified: 03/08/1968	3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-6209605	☐ 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	

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

9. Name and Address of Current Registered Agent

RYLL, FRANK M.
136 S. BRONOUGH ST
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name: LEON H. CASSELS
82 Street Address (P.O. Box Number is Not Acceptable): 136 SOUTH BRONOUGH ST.
83
84 City: TALLAHASSEE **FL** 85 Zip Code: 32301

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: Leon H. Cassels — LEON H. CASSELS, CFO — 4/22/97
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 19	
TITLE	P	E	1.1 TITLE	CHAIR
NAME	RYLL, FRANK M JR.		1.2 NAME	EDWARD C. PEDDIE
STREET ADDRESS	136 S. BRONOUGH ST		1.3 STREET ADDRESS	P.O. BOX 749 NA
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CITY-ST-ZIP	GAINESVILLE, FL 32602-0749
TITLE	SVP	☐ DELETE	2.1 TITLE	VICE CHAIR
NAME	CASSELS, LEON		2.2 NAME	BILL McBRIDE
STREET ADDRESS	[redacted]		2.3 STREET ADDRESS	P.O. BOX 1288 NA
CITY-ST-ZIP	[redacted]		2.4 CITY-ST-ZIP	TAMPA, FL 33601-1288
TITLE	T	☑ DELETE	3.1 TITLE	DIRECTOR
NAME	THAYER, A. B		3.2 NAME	TRAVIS BOWDEN
STREET ADDRESS	1715 WESTSHORE BLVD., #755		3.3 STREET ADDRESS	P.O. BOX 1151 NA
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	PENSACOLA, FL 32520-1151
TITLE	TC	☐ DELETE	4.1 TITLE	DIRECTOR
NAME	GOODE, R. R		4.2 NAME	
STREET ADDRESS	3600 NW 82 AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	TT	☑ DELETE	5.1 TITLE	PRESIDENT
NAME	LUKE, HENRY		5.2 NAME	FRANK M. RYLL, JR.
STREET ADDRESS	P.O. BOX 4850 N/A		5.3 STREET ADDRESS	136 S. BRONOUGH ST.
CITY-ST-ZIP	JACKSONVILLE FL 32201-4850		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE		☐ DELETE	6.1 TITLE	TREASURER
NAME			6.2 NAME	LEON H. CASSELS
STREET ADDRESS			6.3 STREET ADDRESS	136 S. BRONOUGH ST.
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301

☐ Change ☑ Addition

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] FRANK M. RYLL, JR. 4/22/97 904-

CR2E037 (9/96)