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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717721

1. Corporation Name

MARIANNA CHAMBER OF COMMERCE, INC.
JACKSON COUNTY

Principal Place of Business

2928 JEFFERSON ST
 MARIANNA CHAMBER OF COMMERCE
 MARIANNA FL 32446
 US

Mailing Address

P.O. BOX 130
 MARIANNA FL 32447
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Jackson County Chamber of Commerce	26 P.O. Box 130	12/10/1969
22 2928 Jefferson St.	27 Suite, Apt. #, etc.	4. FEI Number
23 Marianna FL	28 City & State	59-0344533
24 32447	29 Zip	5. Certificate of Status Desired ☐
25 Jackson	30 Country	\$8.75 Additional Fee Required
		6. Election Campaign Financing ☐
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NASH, PAMELA M MRS Alter, John W.
 2928 JEFFERSON ST 2928 Jefferson Street
 MARIANNA FL 32446 Marianna, FL 32446

10. Name and Address of New Registered Agent

81 Name Jackson County Chamber of Commerce
 82 Street Address (P.O. Box Number is Not Acceptable) 2928 Jefferson Street
 83
 84 City Marianna FL 85 Zip Code 32446

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 if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	MITCHELL, SHARON	1.2 NAME	Mitchell, Sharon
STREET ADDRESS	2928 JEFFERSON ST	1.3 STREET ADDRESS	2928 Jefferson Street
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	V ☒ DELETE	2.1 TITLE	P ☒ Change ☐ Addition
NAME	REIF, ROBERT	2.2 NAME	Bill McQuagge
STREET ADDRESS	3176 4TH ST	2.3 STREET ADDRESS	4400 Lafayette Street
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	Marianna, FL 32446
TITLE	D ☒ DELETE	3.1 TITLE	Executive Director ☐ Change ☒ Addition
NAME	NASH, PAMELA M M.	3.2 NAME	Alter, John W.
STREET ADDRESS	P.O. BOX 130, 2928 JEFFERSON ST.	3.3 STREET ADDRESS	P.O. Box 130-2928 Jefferson St.
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	Marianna, FL 32447
TITLE	D ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	JOWERS, ED	4.2 NAME	Phil Rotolo
STREET ADDRESS	2741 PENN AVE STE B	4.3 STREET ADDRESS	P.O. Box 974
CITY-ST-ZIP	MARIANNA FL 32448	4.4 CITY-ST-ZIP	Marianna, FL 32447
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MILTON, HOWARD	5.2 NAME	
STREET ADDRESS	P O BOX 936	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	5.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	6.1 TITLE	T ☒ Change ☐ Addition
NAME	HAMILTON, JOHN	6.2 NAME	Gail Sills
STREET ADDRESS	1940 HWY 71 S	6.3 STREET ADDRESS	P.O. Box 1608
CITY-ST-ZIP	MARIANNA FL 32448	6.4 CITY-ST-ZIP	Marianna, FL 32447

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA M. NASH
 PAMELA M. NASH
JOHN W. ALTER
 JOHN W. ALTER

1/12/99

850-482-8061

Daytime Phone #

3/25/99

CR2E037 (1/98)