

**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 # 722933 (9)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

**HWY. 98  
CARRABELLE FL 32322**

**P.O. DRAWER DD  
CARRABELLE FL 32322**

3. Date Incorporated or Qualified  
**03/16/1972**

3a. Date of Last Report  
**07/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-2386438**

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

**MURPHY, MICHAEL  
HWY 98  
HC 62 BOX 11  
CARRABELLE FL 32322**

81 Name **Betty Mason**

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

**HWY 98**

83 **P.O. Box 1102**

84 City **Carrabelle**

FL

85 Zip Code

**32322**

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 **Betty Mason**

**Betty Mason**

**3-22-96**

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

(NOTE: Registered Agent's signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MICHAEL	
STREET ADDRESS	HWY 98 HC 62 BOX 11	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, PAT	
STREET ADDRESS	P.O. BOX 98 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARBUCKLE, KAY	
STREET ADDRESS	P.O. BOX 1179 N/A	
CITY-ST-ZIP	CARRABELL FL 32322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEVIS, TOMMY	
STREET ADDRESS	P.O. BOX 636 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY RON	
STREET ADDRESS	HWY 319-98 N/A	
CITY-ST-ZIP	CARRABELLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASON, BETTY	
STREET ADDRESS	HC 62 BOX 30-W	
CITY-ST-ZIP	CARRABELLE FL 32322	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pat Howell	
1.3 STREET ADDRESS	P.O. Box 98	
1.4 CITY-ST-ZIP	Carrabelle, FL 32322	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Will Kendrick	
2.3 STREET ADDRESS	P.O. Box 636	
2.4 CITY-ST-ZIP	Carrabelle, FL 32322	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Virginia R. SANBORN	
3.3 STREET ADDRESS	P.O. Box 186	
3.4 CITY-ST-ZIP	Carrabelle FL 32322	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tommy Bevis	
4.3 STREET ADDRESS	P.O. Box 636	
4.4 CITY-ST-ZIP	Carrabelle, FL 32322	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ron Gray	
5.3 STREET ADDRESS	P.O. Box 574	
5.4 CITY-ST-ZIP	Carrabelle, FL 32322	
6.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Betty Mason	
6.3 STREET ADDRESS	P.O. Box 1102	
6.4 CITY-ST-ZIP	Carrabelle, FL 32322	

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: **Betty Mason** **Betty Mason**

**3-22-96**

**904 697 2585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)