

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722933** (9)  
1. Corporation Name  
**CARRABELLE AREA CHAMBER OF COMMERCE, INC.**



Principal Place of Business <b>HWY. 98 CARRABELLE FL 32322</b>	Mailing Address <b>P.O. DRAWER DD CARRABELLE FL 32322-1230</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/16/1972</b>	3a. Date of Last Report <b>04/01/1996</b>
		4. FEI Number <b>59-2386438</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MASON, BETTY HWY 98 PO BOX 1102 CARRABELLE FL 32322</b>		10. Name and Address of New Registered Agent 81 Name <b>Bonnie Stephenson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 488 Georgia Ave.</b> 83 84 City <b>Carrabelle</b> FL 85 Zip Code <b>32322</b>	
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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 Bonnie Stephenson Bonnie Stephenson 4/8/97  
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 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, PAT	1.2 NAME	<b>Kendrick, Will</b>
STREET ADDRESS	PO BOX 98	1.3 STREET ADDRESS	<b>PO BOX 632 N/A</b>
CITY-ST-ZIP	CARRABELLE FL	1.4 CITY-ST-ZIP	<b>CARRABELLE, FL 32322</b>
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDRICK, WILL	2.2 NAME	<b>Helen Schmidt</b>
STREET ADDRESS	PO BOX 632	2.3 STREET ADDRESS	<b>PO BOX 571 N/A</b>
CITY-ST-ZIP	CARRABELLE FL	2.4 CITY-ST-ZIP	<b>CARRABELLE, FL 32322</b>
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANBORN, VIRGINIA R.	3.2 NAME	<b>Vicky Summerhill</b>
STREET ADDRESS	PO BOX 188	3.3 STREET ADDRESS	<b>PO Box 444 N/A</b>
CITY-ST-ZIP	CARRABELL FL	3.4 CITY-ST-ZIP	<b>CARRABELLE, FL 32322</b>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVIS, TOMMY	4.2 NAME	<b>Paul Marxsen</b>
STREET ADDRESS	PO BOX 638	4.3 STREET ADDRESS	<b>PO Box 629 N/A</b>
CITY-ST-ZIP	CARRABELLE FL	4.4 CITY-ST-ZIP	<b>Carrabelle, FL 32322</b>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY RON	5.2 NAME	<b>600002200896</b>
STREET ADDRESS	PO BOX 574	5.3 STREET ADDRESS	<b>-06/04/97--01009--033</b>
CITY-ST-ZIP	CARRABELLE FL	5.4 CITY-ST-ZIP	<b>***70.00</b>
TITLE	SD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, BETTY	6.2 NAME	<b>Bonnie Stephenson</b>
STREET ADDRESS	PO BOX 1102	6.3 STREET ADDRESS	<b>Box 488 N/A</b>
CITY-ST-ZIP	CARRABELLE FL	6.4 CITY-ST-ZIP	<b>Carrabelle, FL</b>

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.

CR2E037 (9/96)