


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
**HWY. 88
CARRABELLE FL 32322**

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

3. Date Incorporated or Qualified
03/16/1972

4. FEI Number
59-2386438

Applied For
☐ Yes ☒ No

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STEPHENSON, BONNIE
P.O. BOX 488
CARRABELLE FL 32322**

10. Name and Address of New Registered Agent

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 *Bonnie Stephenson* **Bonnie Stephenson, Executive Director** 1/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	SCHMIDT, HELEN	
STREET ADDRESS	P.O. BOX 571 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	P	DELETE
NAME	KENDRICK, WILL	
STREET ADDRESS	PO BOX 632 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	T	DELETE
NAME	SUMMERHILL, VICKY	
STREET ADDRESS	PO BOX 444 N/A	
CITY-ST-ZIP	CARRABELL FL 32322	
TITLE	D	DELETE
NAME	MARXSEN, PAUL	
STREET ADDRESS	PO BOX 629 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	D	DELETE
NAME	GRAY RON	
STREET ADDRESS	PO BOX 574 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	SD	DELETE
NAME	STEPHENSON, BONNIE	
STREET ADDRESS	PO BOX 488 N/A	
CITY-ST-ZIP	CARRABELLE FL 32322	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronald Walters	
1.3 STREET ADDRESS	P.O. BOX 875 N/A	
1.4 CITY-ST-ZIP	EASTPOINT, FL 32328	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas W. Loftin	
2.3 STREET ADDRESS	PO BOX 331 N/A	
2.4 CITY-ST-ZIP	CARRABELLE, FL 32322	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JEANNE Burdick	
3.3 STREET ADDRESS	PO BOX 1356 N/A	
3.4 CITY-ST-ZIP	CARRABELLE, FL 32322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Helen Schmidt	
5.3 STREET ADDRESS	P.O. Box 571 N/A	
5.4 CITY-ST-ZIP	CARRABELLE, FL 32322	
6.1 TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rene Topping	
6.3 STREET ADDRESS	P.O. BOX 697 N/A	
6.4 CITY-ST-ZIP	CARRABELLE, FL 32322	

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.

SIGNATURE: *Thomas W. Loftin* **Thomas W. Loftin, President** 1/22/98 860-697-7595

CR2E037 (10/97)