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

FILED
96 NOV 14 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733612 (6)

1. Corporation Name
NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business
8543 NAVAREE PARKWAY
P.O. BOX 5336
NAVARRE FL 32566
US

Mailing Address
P.O. BOX 5336
P.O. BOX 5336
NAVARRE FL 32566-7905
US

3. Date Incorporated or Qualified: 08/19/1975
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-1652314 — 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
HEWATT, IRA MAE
8543 NAVAREE PARKWAY
NAVARRE FL 32566

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 REINSTATEMENT
84 City — FL — Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Ira Mae Hewatt — Ira Mae Hewatt — 10-29-96
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	DP	☐ DELETE
NAME	BEAM, CHRIS J.	
STREET ADDRESS	2537 CRESCENT RD.	
CITY-ST-ZIP	NAVARRE FL	
TITLE	DP	☐ DELETE
NAME	GOODIN, GORDON	
STREET ADDRESS	3224 RIVER ROAD	
CITY-ST-ZIP	NAVARRE FL	
TITLE	DT	☐ DELETE
NAME	MALLINI, TONY	
STREET ADDRESS	8543 NAVARRE PKWY.	
CITY-ST-ZIP	NAVARRE FL	
TITLE	DV	☐ DELETE
NAME	WOLFE, CAROL	
STREET ADDRESS	7502 HARVEST VILLAGE	
CITY-ST-ZIP	NAVARRE FL	
TITLE	D	☐ DELETE
NAME	RUDZKI, KENNETH	
STREET ADDRESS	8543 NAVARRE PKWY.	
CITY-ST-ZIP	NAVARRE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DV	XX Change ☐ Addition
2.2 NAME	Rick Linton	
2.3 STREET ADDRESS	315 Mary Esther Blvd	
2.4 CITY-ST-ZIP	Mary Esther, FL 32569	
3.1 TITLE	DT	XX Change ☐ Addition
3.2 NAME	Yancey Langston	
3.3 STREET ADDRESS	P.O. Box 1792 N/A	
3.4 CITY-ST-ZIP	Pensacola, FL 32598-1792	
4.1 TITLE	DP	XX Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800002008408	☐ Change ☐ Addition
5.2 NAME	-11/19/96--01157--013	
5.3 STREET ADDRESS	****236.25 ****236.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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: Carol R. Wolfe, President — 2-27-96 — (904) 939-3267
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGE OFFICER OR DIRECTOR — OFFICER — Date — Daytime Phone #

CR2E037 (12/95)