

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733612 (6)**

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

Principal Place of Business <b>8543 NAVAREE PARKWAY P.O. BOX 5336 NAVARRE FL 32566 US</b>	Mailing Address <b>P.O. BOX 5336 P.O. BOX 5336 NAVARRE FL 32566-7505 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/19/1975</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1652314</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered agent signature required when transferring.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>BRYANT, TIM</b>	11 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1900 HIGHWAY 87</b>	CITY, ST, ZIP <b>NAVARRE FL</b>	12 NAME <b>BEAM, CHRIS J.</b>	
		13 STREET ADDRESS <b>2537 CRESCENT RD.</b>	
		14 CITY, ST, ZIP <b>NAVARRE, FL 32566</b>	
TITLE <b>DP</b>	NAME <b>GOODIN, GORDON</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3224 RIVER ROAD</b>	CITY, ST, ZIP <b>NAVARRE FL</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE <b>VD</b>	NAME <b>NEWELL, MIKE</b>	31 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6776 WATER ST</b>	CITY, ST, ZIP <b>NAVARRE FL</b>	32 NAME <b>MALLINI, TONY</b>	
		33 STREET ADDRESS <b>8543 NAVARRE PKWY.</b>	
		34 CITY, ST, ZIP <b>NAVARRE, FL 35566</b>	
TITLE <b>STD</b>	NAME <b>GOLDEN, KEITH</b>	41 TITLE <b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8100 NAVAREE PARKWAY</b>	CITY, ST, ZIP <b>NAVARRE FL</b>	42 NAME <b>WOLFE, CAROL</b>	
		43 STREET ADDRESS <b>7502 HARVEST VILLAGE</b>	
		44 CITY, ST, ZIP <b>NAVARRE, FL 32566</b>	
TITLE <b>D</b>	NAME <b>KILLAM, ELTON</b>	51 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8256 E BAY BLVD</b>	CITY, ST, ZIP <b>NAVARRE FL</b>	52 NAME <b>RUDZKI, KENNETH</b>	
		53 STREET ADDRESS <b>8543 NAVARRE PKWY.</b>	
		54 CITY, ST, ZIP <b>NAVARRE, FL 32566</b>	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 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)(k), Florida Statutes. I further certify that the information registered 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: \_\_\_\_\_ (Date: **4-28-95**)

(904) 939-3267