

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 733612 (6)  
1. Corporation Name  
NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.Principal Place of Business Mailing Address  
8543 NAVAREE PARKWAY P.O. BOX 5336  
P.O. BOX 5336 P.O. BOX 5336  
NAVARRE FL 32566 NAVARRE FL 32566-0336  
US US3. Date Incorporated or Qualified 08/19/1975  
3a. Date of Last Report 11/14/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City &amp; State 27 City &amp; State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1652314  
Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. 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

HEWATT, IRA MAE  
8543 NAVAREE PARKWAY  
NAVARRE FL 3256681 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BEAM, CHRIS J.	1.2 NAME	Linton, Rick
STREET ADDRESS	2537 CRESCENT RD.	1.3 STREET ADDRESS	315 Mary Esther Blvd
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	DV	2.1 TITLE	D
NAME	LINTON, RICK	2.2 NAME	Loper, Henry
STREET ADDRESS	315 MARY ESTHER BLVD	2.3 STREET ADDRESS	8092 Navarre Pkwy
CITY-ST-ZIP	MARY ESTHER FL 32569	2.4 CITY-ST-ZIP	Navarre, FL 32566
TITLE	DT	3.1 TITLE	DV
NAME	LANGSTON, YANCEY	3.2 NAME	Goduto, Tom
STREET ADDRESS	P.O. BOX 1792 N/A	3.3 STREET ADDRESS	8201 Navarre Pkwy
CITY-ST-ZIP	PENSACOLA FL 32508-1792	3.4 CITY-ST-ZIP	Navarre, FL 32566
TITLE	DP	4.1 TITLE	DT
NAME	WOLFE, CAROL	4.2 NAME	Langston, Yancey
STREET ADDRESS	7502 HARVEST VILLAGE	4.3 STREET ADDRESS	P.O. Box 1792 N/A
CITY-ST-ZIP	NAVARRE FL	4.4 CITY-ST-ZIP	Pensacola, FL 32568
TITLE	D	5.1 TITLE	D
NAME	RUZKI, KENNETH	5.2 NAME	Beam, Chris
STREET ADDRESS	8543 NAVARRE PKWY.	5.3 STREET ADDRESS	2537 Crescent Rd
CITY-ST-ZIP	NAVARRE FL	5.4 CITY-ST-ZIP	Navarre, FL 32566
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Rick Linton RICK LINTON

3/3/97

(904) 937-3267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074305

CR2E037 (9/96)