

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90188 022 ****61.25

DOCUMENT # 733612

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 32566-7505
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

3. Date Incorporated or Qualified

08/19/1975

4. FEI Number

59-1652314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

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

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 **DPE** ☐ DELETE
NAME **SYLE, DOROTHY**
STREET ADDRESS **1804 PRADO ST**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **D** ☒ DELETE
NAME **LINTON, RICK**
STREET ADDRESS **315 MARY ESTHER BLVD**
CITY-ST-ZIP **MARY ESTHER FL**

TITLE **DT** ☒ DELETE
NAME **LANGSTON, YANCEY**
STREET ADDRESS **P.O. BOX 1792 N/A**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **DPP** ☐ DELETE
NAME **LOPER, HENRY**
STREET ADDRESS **8092 NAVAREE PKWY**
CITY-ST-ZIP **NAVARRE FL**

TITLE **DDP** ☐ DELETE
NAME **GODUTO, TOM**
STREET ADDRESS **8201 NAVAREE PARKWAY**
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 **DV** ☐ Change ☒ Addition
1.2 NAME **ED TAYLOR**
1.3 STREET ADDRESS **140 Hollywood Blvd.**
1.4 CITY-ST-ZIP **H. Walton Ranch, FL 32649**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

850-939-3267

Date Daytime Phone #

CR2E037 (11/98)