

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90043 037 ****70.00

DOCUMENT # 733612

1. Entity Name

NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

P O BOX 5430
 NAVARRE FL 32566
 US

P O BOX 5430
~~P.O. BOX 3336~~
 NAVARRE FL 32566
 US

2. Principal Place of Business

3. Mailing Address

8543 Navarre Pkwy

P.O. Box 5430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State
Navarre FL

City & State
Navarre FL

4. FEI Number
59-1652314

Applied For
 Not Applicable

Zip
32566

Country
USA

Zip
32566

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, VICKIE S
8543 NAVARRE PARKWAY
NAVARRE FL 32566

Name
 Street Address (P.O. Box Number is Not Acceptable)
8543 NAVARRE PARKWAY
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Vickie S. Warner* **Vickie S. Warner, Executive Dir 3/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SYLE, DOROTHY	
STREET ADDRESS	1804 PRADO ST	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPEAR, CARL	
STREET ADDRESS	8158 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, KATHI	
STREET ADDRESS	2200 HWY 87	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, ED	
STREET ADDRESS	140 HOLLYWOOD BLVD	
CITY-ST-ZIP	FT WALTON BCH FL 32649	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILHITE, DEBBIE	
STREET ADDRESS	1803 ALHAMBRA	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, ALLISON	
STREET ADDRESS	8465 NAVARRE PKWY STE 4	
CITY-ST-ZIP	NAVARRE FL 32566	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President elect Julie Terry	
STREET ADDRESS	2160 Hwy 87	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE	P/D President 2002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Past President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLHITE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Candy Hendelsm	
STREET ADDRESS	2065 Healthcare Ave	
CITY-ST-ZIP	Navarre, FL 32566	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **3/29/02 850-939-3459**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2037 (9/01)