

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

DOCUMENT # 736425 (0)
1. Corporation Name
FORT MYERS BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business
17200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931
US

Mailing Address
17200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1976		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-0868976		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

PETRUCELLI, D.J.
17200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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)

4/12/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, TOM	1.2 NAME	Naylor, John
STREET ADDRESS	3001 ESTERO BLVD	1.3 STREET ADDRESS	275 Estero Boulevard
CITY-ST-ZIP	FT MYERS BCH FL	1.4 CITY-ST-ZIP	Fort Myers Beach, Florida 33931
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	NETSCH, ELIZABETH	2.2 NAME	
STREET ADDRESS	11595-102 KELLY ROAD	2.3 STREET ADDRESS	9800 HealthPark Cir. #410
CITY-ST-ZIP	FT.MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, Fl 33908
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	BRADFORD, JAMES	3.2 NAME	
STREET ADDRESS	170 CURLEW ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	PETRUCELLI, D.J.	4.2 NAME	
STREET ADDRESS	7234 DRAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH F	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, LINDA	5.2 NAME	
STREET ADDRESS	390 PALERMO CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ALSO, ANN	6.2 NAME	
STREET ADDRESS	17421 DEVORE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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)(k), 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:

D.J. Petruccielli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96
Date

941-454-7500
Daytime Phone

CR2E037 (12/95)