FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

736425

(0)

FORT MYERS BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address				•	I IBBOIN (BABA SINAN BILAN BIBNO 1180) BIBN BIBNI BIBNI BERNI	BINKL INDI	
17200 BAN CARLOS BLVD FORT MYERS BEACH FL 33831 US		17200 SAN CARLOS BLVD FORT MYERS BEACH FL 33831 US			3. Date Incorporated or Qualified		
					07/21/1976		
						ied For	
						Applicable	
	lace of Business	2a. Mailing Address	<u> </u>		5. Certificate of Status Desired \$8.75 Additional		
21 Suite Act A etc		26			Fee Required		
Suite, Apt. #, etc.		Sulte, Apt. #, etc.	Suite, Apr. W. etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
23		28	28		Yes No		
Zip	Country Zip Cou		Countr	e. This corporation office of this paid the comont year intangions			
24	[26]				Personal Property Tax due June 30. Yes X No		
9. Name and Address of Current Registered Agent 81 Nam					10. Name and Address of New Registered Agent		
neen V	DELLI D. I		Ľ	Name			
PETRUCELLI, D.J. 17200 SAN CARLOS BLVD			82 Street Address (P.O. Box Number is Not Acceptable)				
FORT MYERS BEACH FL 33931			83				
1 4,111 11	TEND DESCRIPTE GOOD!		84	Otto	leel 7:- Ao		
				• • •	FL 85 Zip Co		
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.							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or printed name of registered a OFFICERS A	igent and title if applicable. (NOTE: R IND DIRECTORS	legistered Ag	ent signature	e required when rehalating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	VD	DELETE	1.1 TITLE			Addition	
NAME	NAYLOR, JOHN		1.2 NAME			-	
STREET ADDRESS 275 ESTERO BOULEVARD			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT MYERS BCH FL		1.4 CITY-	ST-ZIP			
TITLE	T	DELETE	2.1 TITLE		Change	Addition	
NAME	NETSCH, ELIZABETH		2.2 NAME			l	
STREET ADDRESS	9800 HEALTHPARK CIR #4	10		T ADDRESS	•		
CITY-ST-ZIP	FT.MYERS FL	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	Change	Addition	
NAME	PETRUCCELI, D.J.				cresign [
STREET ADDRESS	7234 DRAKE DR.	,	***************************************	T ADDRESS		ŀ	
CITY-ST-ZIP	FT MYERS BCH F	,	3.4. C/TY-				
TITLE	VD VD	DELETE	4.1 TITLE	31-ZIF	Change	Addition	
NAME	TAYLOR, KITTY]	_	
STREET ADDRESS				T ADDRESS		- 1	
CITY-ST-ZIP	THE THIRD APPARENCE		4.4 CITY-1			ľ	
TITLE			5.1 TITLE	J. L.	Change	Addition	
NAME	ALSOP, ANN		5.2 NAME			ļ	
STREET ADDRESS	17421 DEVORE LANE		1	T ADDRESS		Ì	
CITY-ST-ZIP	FT MYERS FL	i	5.4 CITY-1			i	
TITLE		DELETE	6.1 TITLE		V/D Change	Addition	
NAME			6.2 NAME		Willard Thomas, CPA	ļ	
STREET ADDRESS		1	6.3 STREET	T ADDRESS	1661 Estero Boulevard		

6.4 CITY-ST-ZIP Fort Myers Beach, Florida 33931

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.

D.J. Petruccelli SIGNATURE:

4/24/98 (941)454-7500

FILED

May 08 1998 8:00am

Secretary of State

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