App ied For

Not Applicable

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 736425**

1. Corporation Name

FORT MYERS BEACH CHAMBER OF COMMERCE, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

22

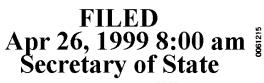
Mailing Address 17200 SAN CARLOS BLVD FORT MYERS BEACH FL 33931

2a. Mailing Address

Suite, Apt. #, etc.

26

27



04-26-1999 90278 004 \*\*\*\*61.25



3. Date Incorporated or Qualifed

07/21/1976

59-0868976

4. FEI Number

_ City & Sate	e	City & State				5. Certificate of Status Desired			П	AGOITIONAI	
3		28								Fee Re	quired
Zip	Country	Zip Cou		Country	intry 6.		6. Election Campaign Financing		П	\$5.00 Ma	
4	25	29	30					und Contribution		Added to Fees	
	9. Name and Address of Current F	Registered Agent				10. N	ame and A	ddress of New I	Registered	Agent	
				81	Name						
PETRUCE	LLI, D.J.			82	Street Ad	ddress (P.O	. Box Numb	er is Not Accepta	able)		
	N CARLOS BLVD					·					
	ERS BEACH FL 33931			83	i						
				84	City	·				85 Zip (	Code
					' '			_	<u> </u>	.	
office or re agent. a	to the provisions of S∈ctions 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such char	ige was nutho	orized by	the corpora	crporation s ation's boar	ubmits this s d of cirector	statement for the rs. I hereby acce	purpose of pt the appoi	changing its ntment as re	r egistered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Reg	estered Ager	nt signature req	ired when reins	stating)		DATE	···	
12.	OFFICERS AND		i	13.		AD	DITIONS/CI	HANGES TO OF	FICERS AN	ID DIRECTO	F:S IN 12
TITLE	CD	2 🔀	ELETE	1,1 TITLE				<del></del>		Change	☐ Addition
NAME	NAYLOR, JOHN			1.2 NAME							
STREET ADORE SS	275 ESTERO BOULEVARD			1.3 STREE	TADDRESS						
CITY-ST-ZIP	FT MYERS BCH FL			1.4 CITY-S	ST-ZIP						
TITLE	Ť		ELETE	2.1 TITLE		-				Change	☐ Addition
NAME	NETSCH, ELIZABETH			22 NAME							
STREET ADDRESS	9800 HEALTHPARK CIR #410			23 STREE	TADDRESS						
CITY-ST-ZIP	FT.MYERS FL			2. 4 CITY-S	ST-ZIP						
TITLE	Р		DELETÉ	3.1 TITLE						Change	Addition
NAME	PETRUCCELI, D.J.			3.2 NAME							
STREET ADDRESS	7234 DRAKE DR.			3.3 STREE	T ADDRESS						
CiTY-ST-ZIP	FT MYERS BCH F			3.4. CITY-S	ST-ZIP						
TITLE	VD		ELETE	4.1 TITLE		C/D				[X] Change	Addition Addition
NAME	TAYLOR, KITTY			4. 2 NAME	ĺ						
STREET ADDRESS	7401 ESTERO BLVD			4.3 STREE	T ADDRESS						
CITY-ST-ZIP	FT MYERS BEACH FL			4.4 CITY-S	ST-ZIP						
TITLE	CD	X	ELETE	5.1 TITLE		V/D				☐ Change	K Addition
NAME	ALSOP, ANN			5.2 NAME		Marth	a Langi	lois			
STREET ADDRESS	17421 DEVORE LANE			5.3 STREE	T ADDRESS	1661	Este	ro Boulev	ard #		
CITY-ST-ZIP	FT MYERS FL			5.4 CITY-S	ST-Z!P	Fort 1	Myers 1	Beach, F1	orida_	33931	
TITLE	VD	C	DELETE	6.1 TITLE				-		Change	Addition Addition
NAME	THOMAS, CPA W			6.2 NAME							
	1661 ESTERO BLVD			6.3 STREE	TADDRÉSS						
CITY.ST. 7IP	FT. MYERS BEACH FL 33931			6.4 CITY-S							
14. I heret y	certify that the information supplied with	this filing does not	qualify for the	e exempt	tion stated i	in Section 1	19.07 (3)(i),	Florida Statutes.	I further (e	tify 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: D. J. Petruccellija SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

941-454-7:500