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**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

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 | |
| 21 | | 26 | | 07/21/1976 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-0868976 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | | |
| 24 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|----|--|
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAYLOR, JOHN | 1.2 NAME | |
| STREET ADDRESS | 275 ESTERO BOULEVARD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NETSCH, ELIZABETH | 2.2 NAME | |
| STREET ADDRESS | 9800 HEALTHPARK CIR #410 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT.MYERS FL | 2.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETRUCCELLI, D.J. | 3.2 NAME | |
| STREET ADDRESS | 7234 DRAKE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS BCH F | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, KITTY | 4.2 NAME | |
| STREET ADDRESS | 7401 ESTERO BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALSOP, ANN | 5.2 NAME | Martha Langlois |
| STREET ADDRESS | 17421 DEVORE LANE | 5.3 STREET ADDRESS | 1661 Estero Boulevard #3 |
| CITY-ST-ZIP | FT MYERS FL | 5.4 CITY-ST-ZIP | Fort Myers Beach, Florida 33931 |
| TITLE | VD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, CPA W | 6.2 NAME | |
| STREET ADDRESS | 1661 ESTERO BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 33931 | 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: D. J. Petrucelli *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

941-454-7500

Date

Daytime Phone #

CR2E037 (1/98)