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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745015

1. Corporation Name

ST. AUGUSTINE AND ST. JOHNS COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

1 RIBERIA ST.
ST AUGUSTINE FL 32084

1 RIBERIA ST.
ST AUGUSTINE FL 32084



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/22/1978
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0432275
24 Country	29 Country	Applied For
25	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATRICK, DON
1 RIBERIA STREET
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box: Number is Not Acceptable)

83

84 City

FL

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	SM	1.1 TITLE	SM P
NAME	PATRICK, DON	1.2 NAME	
STREET ADDRESS	1 RIBERIA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	CD
NAME	THOMPSON, CHRIS	2.2 NAME	
STREET ADDRESS	50 N LAURA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	GORDY, JOE	3.2 NAME	
STREET ADDRESS	400 HEALTH PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	VD
NAME	NICOLOSI, MIKE	4.2 NAME	
STREET ADDRESS	1850 US 1 S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	TD
NAME		5.2 NAME	ROBERT G BEXLEY
STREET ADDRESS		5.3 STREET ADDRESS	1700 Dobbs Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St Augustine FL 32086
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a letter like empowered.

SIGNATURE:

Don Patrick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

904-824-8142

Date

Daytime Phone #

CR2E037 (1/98)