

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754878 (7)
1. Corporation Name
JACKSONVILLE CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address
3 INDEPENDENT DRIVE **3 INDEPENDENT DRIVE**
P.O. BOX 329 **P.O. BOX 329**
JACKSONVILLE FL 32201 **JACKSONVILLE FL 32201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/29/1990** 3a. Date of Last Report **02/08/1994**
4. FEI Number **59-0306160** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3 Independent Drive** 26 **3 Independent Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **Jacksonville, FL**
23 **Jacksonville, FL** 28 **Jacksonville, FL**
Zip Country Zip Country
24 **32202** 25 **FL** 29 **32202** 30 **Duval**

9. Name and Address of Current Registered Agent
LEE, WALTER M. III
3 INDEPENDENT DRIVE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WALTER M. III	1.2 NAME	
STREET ADDRESS	3 INDEPENDENT DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DC	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINAMAN, JAMES C	2.2 NAME	Henry H. Graham, Jr.
STREET ADDRESS	3 INDEPENDENT DR	2.3 STREET ADDRESS	1725 Memorial Park Drive
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville, FL 32204
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT, ADAM W	3.2 NAME	Rinaman, James C
STREET ADDRESS	3 INDEPENDENT DRIVE	3.3 STREET ADDRESS	Riverplace Blvd, Suite 800
CITY - ST - ZIP	JACKSONVILLE, FL 00000	3.4 CITY - ST - ZIP	Jacksonville, FL 32207
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORSTEIN, JACK F	4.2 NAME	Storey, Travis
STREET ADDRESS	8265 BAYBERRY ROAD	4.3 STREET ADDRESS	50 N. Laura St., Suite 2700
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	Jacksonville, FL 32202
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Kesler, Delores
CITY - ST - ZIP		5.4 CITY - ST - ZIP	6440 Atlantic Blvd Jacksonville, FL 32211
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Strickland, Barbara S.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	50 N. Laura St, Suite 3300 Jacksonville, FL 32202

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: **REMITTED BY MAY 1**

4/20/95

(904)366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #