

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754878 (7)

1. Corporation Name

JACKSONVILLE CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

3 INDEPENDENT DRIVE  
P.O. BOX 329  
JACKSONVILLE FL 32201

3 INDEPENDENT DRIVE  
JACKSONVILLE FL 32202  
US

3. Date Incorporated or Qualified  
10/29/1980

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 3 Independent Drive

2a. Mailing Address  
26

4. FEI Number  
59-0306160

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
Jacksonville, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 32202 25 Country

29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, WALTER M. III  
3 INDEPENDENT DRIVE  
JACKSONVILLE FL 32202

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS  DELETE  
NAME LEE, WALTER M. III  
STREET ADDRESS 3 INDEPENDENT DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CD  DELETE  
NAME GRAHAM, HENRY H JR  
STREET ADDRESS 1725 MEMORIAL PARK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32204

2.1 TITLE D  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME RINAMAN, JAMES C  
STREET ADDRESS RIVERPLACE BLVD., SUITE 800  
CITY-ST-ZIP JACKSONVILLE FL 32207

3.1 TITLE CD  Change  Addition  
3.2 NAME Cheney, Andrew  
3.3 STREET ADDRESS 50 N. Laura St  
3.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE TD  DELETE  
NAME STOREY, TRAVIS  
STREET ADDRESS 50 N. LAURA ST., SUITE 2700  
CITY-ST-ZIP JACKSONVILLE FL 32202

4.1 TITLE TD  Change  Addition  
4.2 NAME Shorstein, Mark  
4.3 STREET ADDRESS 8265 Bayberry Road  
4.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE D  DELETE  
NAME STRICKLAND, BARBARA S  
STREET ADDRESS 50 N. LAURA ST., SUITE 3300  
CITY-ST-ZIP JACKSONVILLE FL 32202

5.1 TITLE D  Change  Addition  
5.2 NAME Criser, Marshall  
5.3 STREET ADDRESS 50 N. Laura Street, Suite 3300  
5.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE D  DELETE  
NAME KESLER, DELORES  
STREET ADDRESS 6440 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32211

6.1 TITLE D  Change  Addition  
6.2 NAME Connell, Dan  
6.3 STREET ADDRESS One Stadium Place  
6.4 CITY-ST-ZIP 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 119.07(3)(k), 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.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

(904) 366-6686

Daytime Phone #

CR2E037 (12/95)