

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 10:08

DOCUMENT # 769406 (0)  
1. Corporation Name  
CEDAR KEY AREA CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2ND ST. 2ND ST.  
P.O. BOX 610 P.O. BOX 610  
CEDAR KEY FL 32625-0610 CEDAR KEY FL 32625-0610

3. Date Incorporated or Qualified 07/15/1983 3a. Date of Last Report 06/03/1994  
4. FEI Number 59-2385849 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

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 Suits, Apt. #, etc. 27 Suite, Apt. #, etc.

7. Nonprofit with the 501(c)(3) Tax Exempt Status  \$80.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BRAMI, RUSSEL  
1506 BAY ST  
CEDAR KEY FL 32625

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
P SANDERS, ALISON P O BOX 460 N/A CEDAR KEY FL  
T D'EAUDE' JEANNE P O BOX 186 N/A OTTER CREEK FL  
VP COULTER, NEZ P O BOX 353 N/A CEDAR KEY FL  
D GIBERSON, WILLIAM P O BOX 220 N/A CEDAR KEY FL  
D MCJORDAN, BARBARA 833 EAST ST CEDAR KEY, FL 00000  
D SMITH, DICKIE P O BOX 368 N/A CEDAR KEY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE PRESIDENT  Change  Addition  
12 NAME SANDERS, ALISON  
13 STREET ADDRESS P O BOX 460 N/A  
14 CITY - ST - ZIP CEDAR KEY, FL  
21 TITLE TREAS.  Change  Addition  
22 NAME D'EAUDE' JEANNE  
23 STREET ADDRESS P O BOX 186 N/A  
24 CITY - ST - ZIP OTTER CREEK, FL  
31 TITLE VP  Change  Addition  
32 NAME GIBERSON, BILL  
33 STREET ADDRESS P O BOX 220 N/A  
34 CITY - ST - ZIP CEDAR KEY, FL 32625  
41 TITLE D  Change  Addition  
42 NAME GREG LANG  
43 STREET ADDRESS 1516 GOLF BLVD.  
44 CITY - ST - ZIP CEDAR KEY, FL 32625  
51 TITLE D  Change  Addition  
52 NAME CLAIRE TERSTOR  
53 STREET ADDRESS P O BOX 200  
54 CITY - ST - ZIP CEDAR KEY, FL 32625  
61 TITLE D  Change  Addition  
62 NAME BILL DELAIND  
63 STREET ADDRESS P O BOX 209  
64 CITY - ST - ZIP CEDAR KEY, FL 32625

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)(b), 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 Jeanne D'EAUDE' 2-1-95  
DATE 9044861525