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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769406 (0)

1. Corporation Name
CEDAR KEY AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business 2ND ST. P.O. BOX 610 CEDAR KEY FL 32625-0610	Mailing Address P O BOX 46 CEDAR KEY FL 32625
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3. Date Incorporated or Qualified 07/15/1983
4. FEI Number 59-2385849
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 480 Second Street Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 610 Suite, Apt. #, etc.
City & State 23 Cedar Key FL	City & State 28 Cedar Key FL
Zip 24 32625	Country 25 USA
Zip 29 32625	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CAUSEY, KATHRYN F
 S. R. 24 (2ND HOME ON LEFT, JACKSON ISLAND, OFF S. R. 24)
 CEDAR KEY FL 32625**

10. Name and Address of New Registered Agent
81 Name Doris Hellermann
82 Street Address (P.O. Box Number is Not Acceptable) P O Box 117 598 Second Street
83
84 City Cedar Key FL 85 Zip Code 32625

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 *Doris Hellermann* DATE *April 10, 1998*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIPPLE, JEFF P O BOX 142813 N/A GAINESVILLE FL 32614	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAUSEY, KATHRYN F P O BOX 46 N/A CEDAR KEY FL 32625	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, GREG 1516 GULF BLVD CEDAR KEY FL 32625	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COULTER, INEZ P O BOX 717 N/A 390 Second Street CEDAR KEY FL 32625	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, BETTY ROSE P O BOX 125 N/A CEDAR KEY FL 32625	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFANI, PETER P O BOX 716 N/A 303 East Second St. CEDAR KEY FL 32625	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S Cecelia W. King P O Box 925 595 Second Street Cedar Key FL 32625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Doris Hellermann P O Box 117 598 Second Street Cedar Key FL 32625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Don Duden P O Box 932 334 Second Street Cedar Key FL 32625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Doris Hellermann* DATE: *April 10, 1998* 352-543-5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Doris Hellermann, Treasurer Daytime Phone # 0011565

CR2E037 (10/97)