

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90004 012 ****61.25

DOCUMENT # **769406**
1. Corporation Name
CEDAR KEY AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business
480 2ND ST
CEDAR KEY FL 32625
US

Mailing Address
POB 610
CEDAR KEY FL 32625
US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number
23	City & State	27	City & State		Applied For
24	Zip	28	Zip	59-2385849	Not Applicable
25	Country	29	Country	5.	Certificate of Status Desired
30		30			<input type="checkbox"/> \$8.75 Additional Fee Required
				6.	Election Campaign Financing
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HELLERMANN, D POB 117 598 2ND ST CEDAR KEY FL 32625		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S
NAME	KING, C W	1.2 NAME	Kathy Carver
STREET ADDRESS	POB 925	1.3 STREET ADDRESS	12685 State Road 24
CITY-ST-ZIP	CEDAR KEY FL 32625	1.4 CITY-ST-ZIP	Cedar Key FL 32625
TITLE	T	2.1 TITLE	
NAME	HELLERMANN, D	2.2 NAME	
STREET ADDRESS	POB 117	2.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL 32625	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	P
NAME	COULTER, INEZ	3.2 NAME	STEFANI, PETER
STREET ADDRESS	390 2nd Street	3.3 STREET ADDRESS	303 East 2nd Street
CITY-ST-ZIP	Cedar Key FL 32625	3.4 CITY-ST-ZIP	CEDAR KEY FL 32625
TITLE	V	4.1 TITLE	V
NAME	DUDEN, DON	4.2 NAME	COUSINS, TONY
STREET ADDRESS	PO Box 932, 334 2nd Street	4.3 STREET ADDRESS	373 2nd STREET
CITY-ST-ZIP	CEDAR KEY FL 32625	4.4 CITY-ST-ZIP	CEDAR KEY FL 32625
TITLE	D	5.1 TITLE	
NAME	BRAMI, RUSSEL	5.2 NAME	
STREET ADDRESS	1506 BAY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL 32625	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	STEFANI, PETER	6.2 NAME	OLIVER, PAUL
STREET ADDRESS	303 E 2ND ST	6.3 STREET ADDRESS	509 3rd STREET
CITY-ST-ZIP	CEDAR KEY FL 32625	6.4 CITY-ST-ZIP	CEDAR KEY FL 32625

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 to an address, with all other like empowered.

SIGNATURE: *David Hellerman, Treasurer* 4/30/00 352-543-5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #