FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:17

DOCUMENT # C93000000013 (6)

1. Corporation Name
FERNANDINA BEACH CHAMBER OF COMMERCE

Principal Place of Business	Mailing Address
102 CENTRE ST FERNANDINA BCH. FL 32034	102 CENTRE ST FERNANDINA BCH. FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1956
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-0717156 ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

STEIN, SHERRY F
102 CENTRE ST
FERNANDINA BCH. FL 32034

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 _____ 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	VD	1.1 TITLE	☒ Change ☐ Addition
NAME	PIPER, LAWRENCE	1.2 NAME	NO LONGER DIRECTOR NOR OFFICER
STREET ADDRESS	P.O. BOX 1808 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	YULEE FL 32097-1808	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	KLEIN, SHERRY	2.2 NAME	KLEIN, Sherry
STREET ADDRESS	1235 S 10TH ST	2.3 STREET ADDRESS	19 SOUTH 3RD ST
CITY-ST-ZIP	FERNANDINA BCH. FL 32034	2.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034
TITLE	TD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	TOWNSEND, JAMES L	3.2 NAME	Townsend, James L
STREET ADDRESS	1900 SOUTH 14TH ST.	3.3 STREET ADDRESS	1900 SOUTH 14TH ST
CITY-ST-ZIP	FERNANDINA BCH. FL 32034	3.4 CITY-ST-ZIP	Fern. Bch, FL 32034
TITLE	VD	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	BLALOCK, NEIL	4.2 NAME	BLALOCK, NEIL
STREET ADDRESS	313 CENTRE ST.	4.3 STREET ADDRESS	313 centre St.
CITY-ST-ZIP	FERNANDINA BCH. FL 32034	4.4 CITY-ST-ZIP	Fernandina Bch, FL 32034
TITLE	MD	5.1 TITLE	☐ Change ☐ Addition
NAME	STEIN, SHERRY F	5.2 NAME	
STREET ADDRESS	102 CENTRE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH. FL 32034	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	TD James Tierney
STREET ADDRESS		6.3 STREET ADDRESS	PO Box 3000
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Amelia Island, FL 32035-3000

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)(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: Sherry F. Stein 4/10/95 (904) 261-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000080