

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 # C93000000013 (6)

1. Corporation Name

FERNANDINA BEACH CHAMBER OF COMMERCE



Principal Place of Business

102 CENTRE ST
FERNANDINA BCH. FL 32034

Mailing Address

402 CENTRE ST
FERNANDINA BCH. FL 32034

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 472

27

Suite, Apt. #, etc.

28

Fernandina Bch

29

32035-0472

Country

Nassau

3. Date Incorporated or Qualified
03/14/1956

3a. Date of Last Report
05/23/1995

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

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

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 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 reappointing)

DATE

4/18/96

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TIERNEY, JAMES	
STREET ADDRESS	P OBOX 3000	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, SHERRY	
STREET ADDRESS	19 S 3RD ST	
CITY-ST-ZIP	FERNANDINA BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOWNSEND, JAMES L	
STREET ADDRESS	1900 S 14TH ST	
CITY-ST-ZIP	FERNANDINA BCH. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLALOCK, NEIL	
STREET ADDRESS	313 CENTRE ST	
CITY-ST-ZIP	FERNANDINA BCH. FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	STEIN, SHERRY F	
STREET ADDRESS	102 CENTRE ST.	
CITY-ST-ZIP	FERNANDINA BCH. FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William J. Mock	
1.3 STREET ADDRESS	317 Centre St.	
1.4 CITY-ST-ZIP	Fern. Bch, FL 32034	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Carsch	
2.3 STREET ADDRESS	4750 Amelia Island Parkway	
2.4 CITY-ST-ZIP	Fern. Bch, FL 32034	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY F STEIN

Sherry F. Stein

4/18/96

(904) 261-3248

CR2E037 (12/95)