

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # C93000000013 (6)

1. Corporation Name

FERNANDINA BEACH CHAMBER OF COMMERCE



|   |   |
|---|---|
| Principal Place of Business               | Mailing Address                                   |
| 102 CENTRE ST<br>FERNANDINA BCH. FL 32034 | PO BOX 472<br>FERNANDINA BCH. FL 32035-0472<br>US |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 03/14/1956     |
| 4. FEI Number                     | 59-0717156     |
| Applied For                       | Not Applicable |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|   |   |
|---|---|
| 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEECE, MARTHA C  
102 CENTRE ST  
FERNANDINA BCH. FL 32034

|   |                   |
|---|-------------------|
| 81 Name   | THOMAS P. BENNETT |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 102 CENTRE ST     |
| 83  | FERNANDINA BEACH  |
| 84 City   | FL                |
| 85 Zip Code   | 32034             |

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

*Thomas Bennett*  
Signature, typed or printed name of registered agent and title if applicable.

THOMAS BENNETT

3-18-98

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | TD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | MOCK, WILLIAM J.                              | 1.2 NAME  | STUBBS, WAYNE  |
| STREET ADDRESS             | 317 CENTRE ST                                 | 1.3 STREET ADDRESS                                    | 501 N 3RD ST   |
| CITY-ST-ZIP                | FERNANDINA BCH FL                             | 1.4 CITY-ST-ZIP                                       | FERNANDINA BCH FL 32034  |
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | CARSCH, MICHAEL                               | 2.2 NAME  | MAYO, JIM  |
| STREET ADDRESS             | 4750 AMELIA ISLAND PKWY                       | 2.3 STREET ADDRESS                                    | 1250 S 18TH ST   |
| CITY-ST-ZIP                | FERNANDINA BCH. FL                            | 2.4 CITY-ST-ZIP                                       | FERNANDINA BCH FL 32034  |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | TOWNSEND, JAMES L                             | 3.2 NAME  | HALLEY, HARRY  |
| STREET ADDRESS             | 1900 S 14TH ST                                | 3.3 STREET ADDRESS                                    | 1 RAILROAD VINE  |
| CITY-ST-ZIP                | FERNANDINA BCH. FL                            | 3.4 CITY-ST-ZIP                                       | AMELIA ISLAND FL 32034   |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | STUBBS, WAYNE                                 | 4.2 NAME  | BENNETT, THOMAS  |
| STREET ADDRESS             | 501 N 3RD ST                                  | 4.3 STREET ADDRESS                                    | 102 CENTRE ST  |
| CITY-ST-ZIP                | FERNANDINA BCH. FL                            | 4.4 CITY-ST-ZIP                                       | FERNANDINA BCH FL 32034  |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

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:

*Thomas Bennett*  
THOMAS BENNETT 3-18-98 261-2248

CP2E037 (10/97)