Applied For - Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32270

VERO BEACH - INDIAN RIVER COUNTY CHAMBER OF COMM ERCE, INC.						1 121573 90030 6			
Principal Place									
C/O PENNY S. CHANDLER 1216-21ST STREET VERO BEACH FL 32960 US		1216-21ST STREET 1216-21ST STREET VERO BEACH FL 32960 US							
2. Principal Pla	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 05/12/1989			
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-0493830			
City & State		City & State				5. Certificate of Status Desired			
Zip 24	Country 25	Zip 29	Count	try		6. Election Campaign Financing Trust Fund Contribution			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agen			
	-		8	81	Name				
CHANDLER 1216-21ST	8	82	Street Addre	ss (P.O. Box Number is Not Acceptable)					
VERO BEA	1	83							
	•		1	84	City	FL 85			
office or re agent. I an	raistered agent or both in the S	.0502 and 617.1508, Florida Stat tate of Florida. Such change was bligations of, Section 617.0503, F	authorized l	DV 1	the corporation	ration submits this statement for the purpose of chang's board of directors. I hereby accept the appointmer			
SIGNATURE	Clanature, based or printed name of registers	d agent and title if applicable (NO	TF: Registered A	аел	t signature required	when reinstating) DATE			

FILED Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90030 006 ****61.25

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			84 City	F	L 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 applications	ile. (NOTE: Re	gistered Agent signature re	ent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS		13.	ND DIRECTO									
TITLE	D	☐ DELETE	1.1 TITLE	P	Change	☐ Addition						
NAME	CURTIS, BIL		1.2 NAME	Curtis, Bill								
STREET ADDRESS	1216 21ST STREET		1.3 STREET ADDRESS	1216 21st STREET		. }						
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	VERO BEACH, FL	·							
TITLE	P	DELETE	2.1 TITLE	D	Change	☐ Addition						
NAME	LINDSAY, LINDA		2.2 NAME	BRENNAN, RON								
STREET ADDRESS	1216-21ST STREET		2.3 STREET ADDRESS	1216 21ST STREET								
CITY-ST-ZIP	VERO BCH FL		2.4 CITY-ST-ZIP	VERO BEACH, FL								
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME	HALL, LYNN		3.2 NAME									
STREET ADDRESS	1216 21 ST. STREET		3.3 STREET ADDRESS									
CITY-ST-ZIP	VERO BEACH FL		3.4. CITY-ST-ZIP									
TITLE	ĭ	☐ DELETE	4.1 TITLE		☐ Change	Addition						
NAME	SCHLITT, LOUIS		4. 2 NAME									
STREET ADDRESS	1216-21ST ST		4.3 STREET ADDRESS									
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP									
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change	Addition						
NAME	CHANDLER, PENNY		5.2 NAME	, , ,								
STREET ADDRESS	1216-21ST STREET		5.3 STREET ADDRESS									
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP									
TITLE	D	DELETE	6.1 TITLE		☐ Change	Addition						
NAME	SULLIVAN, DAVID		6.2 NAME									
STREET ADDRESS	1216-21ST STREET	•	6.3 STREET ADDRESS									
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP									
14. I hereby i	certify that the information supplied with this filing do	es not qualify for th	e exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the i	nformation						

Interiory certify that the information supplied with this ming does not quality for the exemption stated in Section 1.19-07(5)(f), Frontia Statutes. Frontial report is indicated on this annual report or supplemental annual report is true and securete 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 attachment with an address, with all other like empowered.

SIGNATURE:

ZIR Ponny Chandler