SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45852** **(3)**

1. Corporation Name

FLAGLER BEACH CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 5 FLGLER BCH. FL 32136	P.O. BOX 5 FLGLER BCH. FL 32136

3. Date Incorporated or Qualified: 11/01/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0321325 ☐ 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 ☆ **FILING FEE IS $61.25**
8. This corporation has taxable income as defined in s. 220.03(1), Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

JOHNSON, RONALD N.
412 S CENTRAL AVE.
FLGLER BCH. FL 32138

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 (Typed, Printed or Written Name of Registered Agent and Title, if Applicable) (New Registered Agent signature required when changing) DATE

12 OFFICERS AND DIRECTORS		13 ADDITIONS, CHANGES, AND DELETIONS	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	OLSEN, LINDA	12 NAME	
STREET ADDRESS	628 YORKSHIRE DR	13 STREET ADDRESS	
CITY ST ZIP	FLGLER BCH FL	14 CITY ST ZIP	
TITLE	~~TD~~	21 TITLE	☒ Change ☐ Addition
NAME	~~KAPCZYNSKI, JOSEPH~~	22 NAME	TREASURER
STREET ADDRESS	~~44 SEA VISTA DR~~	23 STREET ADDRESS	JOAN PALMER
CITY ST ZIP	~~PALM COAST FL~~	24 CITY ST ZIP	115 PINE TREE ST.
			FLAGLER BEACH FL 32136
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MCCAIN, ROB	32 NAME	
STREET ADDRESS	202 SOUTH CENTRAL AVE	33 STREET ADDRESS	
CITY ST ZIP	FLGLER BCH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	FRASSRAND, TREZ	42 NAME	
STREET ADDRESS	400 S A1A	43 STREET ADDRESS	
CITY ST ZIP	FLGLER BCH FL	44 CITY ST ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	SCHACK, EARL	52 NAME	
STREET ADDRESS	208 S. 6TH ST - P.O. BOX 359	53 STREET ADDRESS	
CITY ST ZIP	FLGLER BEACH FL	54 CITY ST ZIP	
TITLE	VPD	61 TITLE	☐ Change ☐ Addition
NAME	CARTLEDGE, BILL	62 NAME	
STREET ADDRESS	300 S. CENTRAL AVE - P.O. BOX 2005	63 STREET ADDRESS	
CITY ST ZIP	FLGLER BCH FL	64 CITY ST ZIP	

CR2E037 (3/95)

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 added, additional with an address.

SIGNATURE: [signature] 6/30/95 904-445-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0001482