

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45852 (3)

1. Corporation Name

FLAGLER BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business

P.O. BOX 5
FLAGLER BCH. FL 32136

Mailing Address

P.O. BOX 5
FLAGLER BCH. FL 32136



3. Date Incorporated or Qualified
11/01/1991

3a. Date of Last Report
07/06/1995

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

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

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, RONALD N.
412 S CENTRAL AVE.
FLAGLER BCH. FL 32136

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D	OLSEN, LINDA	628 YORKSHIRE DR FLAGLER BCH FL	<input checked="" type="checkbox"/>
	T	PALMERI, JOHN	115 PINETREE STREET FLAGLER BEACH FL	<input type="checkbox"/>
	PD	MCCAIN, ROB	202 SOUTH CENTRAL AVE FLAGLER BCH FL	<input checked="" type="checkbox"/>
	SD	FRASSRAND, TREZ	400 S A1A FLAGLER BCH FL	<input type="checkbox"/>
	VPD	SCHACK, EARL	208 S. 6TH ST - P.O. BOX 359 FLAGLER BEACH FL	<input checked="" type="checkbox"/>
	VPD	CARTLEDGE, BILL	300 S. CENTRAL AVE - P.O. BOX 2085 FLAGLER BCH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
SECRETARY	SHARON O'BRIEN	2815 S. OCEANSHORE BLVD.	FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	CHARLES HELM	300 S. CENTRAL AVE.	FLAGLER BEACH, FL 32136	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bd. of Director	CONNIE WEBSTER	1544 S. OCEANSHORE BLVD.	FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bd. of Director	JOY MASSIE	1724 S. FLAGLER AVE.	FLAGLER BEACH, FL 32136	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bd. of Director	TREZ FRASSRAND	400 S. A1A	FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	BILL CARTLEDGE	300 S. CENTRAL AVE. - P.O. BOX 2085	FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SHARON K. O'BRIEN

6/18/96

(904) 439-8520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)