

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45852** (3)

1. Corporation Name

**FLAGLER BEACH CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 5  
FLAGLER BCH. FL 32136

P.O. BOX 5  
FLAGLER BCH. FL 32136-0005



3. Date Incorporated or Qualified **11/01/1991** 3a. Date of Last Report **06/27/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0321325</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		29 Country		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBRIEN, SHARON</b>	1.2 NAME	
STREET ADDRESS	<b>2815 S OCEAN SHORE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLAGLER BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELM, CHARLES</b>	2.2 NAME	<b>Charles Helm</b>
STREET ADDRESS	<b>300 S CENTRAL AVENUE</b>	2.3 STREET ADDRESS	<b>300 S. Central Ave.</b>
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	2.4 CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>
TITLE	<b>BOD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBSTER, CONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>1544 S OCEAN SHORE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLAGLER BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>BOD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>1st VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSIE, JOY</b>	4.2 NAME	<b>Joy Massie</b>
STREET ADDRESS	<b>1724 S FLAGLER AVENUE</b>	4.3 STREET ADDRESS	<b>1724 S. Flagler Ave</b>
CITY-ST-ZIP	<b>FLAGLER BCH FL</b>	4.4 CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>
TITLE	<b>BOD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>BOD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRASSRAND, TREZ</b>	5.2 NAME	<b>Zoe Forehand</b>
STREET ADDRESS	<b>400 S A1A</b>	5.3 STREET ADDRESS	<b>400 S. A1A</b>
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	5.4 CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>BOD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTLEDGE, BILL</b>	6.2 NAME	<b>Bill Cartledge</b>
STREET ADDRESS	<b>300 S. CENTRAL AVE - P.O. BOX 2085</b>	6.3 STREET ADDRESS	<b>204 Moody Blvd.</b>
CITY-ST-ZIP	<b>FLAGLER BCH FL</b>	6.4 CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>

14. I do 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: Sharon K. O'Brien - SHARON K. O'BRIEN 1-8-97 (904) 439-8520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6002883

CR2E037 (9/96)