


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
**P.O. BOX 5
FLAGLER BCH. FL 32136**

Mailing Address
**P.O. BOX 5
FLAGLER BCH. FL 32136**



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

3. Date Incorporated or Qualified 11/01/1991	
4. FEI Number 65-0321325	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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
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	<input type="checkbox"/> DELETE
NAME	S OBRIEN, SHARON
STREET ADDRESS	2815 S OCEAN SHORE BLVD
CITY-ST-ZIP	FLAGLER BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	P -D HELM, CHARLES
STREET ADDRESS	300 S CENTRAL AVENUE P.O. BOX 378
CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	1820 BOB WEBSTER, CONNIE
STREET ADDRESS	1820 S OCEAN SHORE BLVD
CITY-ST-ZIP	FLAGLER BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	1VP MASSIE, JOY
STREET ADDRESS	1724 S FLAGLER AVENUE
CITY-ST-ZIP	FLAGLER BCH FL 32136
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BOB FOREHAND, ZORE
STREET ADDRESS	400 S A1A
CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BOB CARTLEDGE, BILL
STREET ADDRESS	204 MOODY BLVD.
CITY-ST-ZIP	FLAGLER BCH FL 32136

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOB OBRIEN, SHARON
1.3 STREET ADDRESS	2815 S OCEAN SHORE BLVD
1.4 CITY-ST-ZIP	FLAGLER BEACH, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V. PREC. -D WEBSTER, CONNIE
3.3 STREET ADDRESS	1820 S OCEAN SHORE BLVD
3.4 CITY-ST-ZIP	FLAGLER BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1VP V. P. -D TONY NARDONE
4.3 STREET ADDRESS	P.O. BOX 2205 NA
4.4 CITY-ST-ZIP	FLAGLER BEACH FL 32136
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rob McCarin Secretary - D
5.3 STREET ADDRESS	P.O. BOX 898 NA
5.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TRES -D JOHN PALMORI NA
6.3 STREET ADDRESS	P.O. BOX 1728
6.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(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 as an attachment with an address.

SIGNATURE: *Charles M. Helm* 1-15-97
439-1627

CR2E037 (10/97)