

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49036 (9)**
1. Corporation Name
THE PENSACOLA AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address
P.O. BOX 550 PENSACOLA FL 32593 US

3. Date Incorporated or Qualified **05/21/1992** 3a. Date of Last Report **03/17/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-0190330	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**GRIFFING, JOHN
PENSACOLA AREA CHAMBER OF COMMERCE
117 WEST GARDEN STREET
PENSACOLA FL 32501**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Eric Nickelsen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELQUIST, GWEN	1.2 NAME	100 W. Garden St.
STREET ADDRESS	6708 N 9TH AVE STE E	1.3 STREET ADDRESS	Pensacola, FL
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNON, DENIS	2.2 NAME	James Vickery D
STREET ADDRESS	21 E GARDEN ST.	2.3 STREET ADDRESS	1717 N. E. St.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWELL, CHARLES	3.2 NAME	Charles Atwell T
STREET ADDRESS	1000 COLLEGE BVD	3.3 STREET ADDRESS	1000 College Blvd.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFING, JOHN	4.2 NAME	
STREET ADDRESS	117 W GARDEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900001836729
STREET ADDRESS		6.3 STREET ADDRESS	-07/17/96--01047--011
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***122.50

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, or changes to either, attachment with an address.

SIGNATURE: _____ Date **5/25/96** 904-438-4081

CR2E037 (12/95)