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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N49036

1. Corporation Name
THE PENSACOLA AREA CHAMBER OF COMMERCE, INC.

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-0190330	Not Applicable
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country			
		30		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
GREENHUT, BILL PENSACOLA AREA CHAMBER OF COMMERCE 117 WEST GARDEN STREET PENSACOLA FL 32501				81	Name			John Tice		
				82	Street Address (P.O. Box Number is Not Acceptable)			Pensacola Area Chamber of Commerce		
				83	City			117 West Garden Street		
				84	City	FL	85	Zip Code	32501	

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: *Douglas S. Kinsinger* DATE: 2/1/99
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENHUT, BILL	1.2 NAME	John Tice
STREET ADDRESS	23 SOUTH 'A' STREET	1.3 STREET ADDRESS	909 E Cervantes Street Ste B
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola FL 32501
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLCOTT, CHARLES	2.2 NAME	Travis Bowden
STREET ADDRESS	5055 BAYOU BLVD	2.3 STREET ADDRESS	ONE ENERGY PLACE
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola FL 32501
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, BO	3.2 NAME	Bo Carter
STREET ADDRESS	33 WEST GARDEN STREET	3.3 STREET ADDRESS	33 West Garden Street
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola FL 32501
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERY, JIM	4.2 NAME	Greenhut, Bill
STREET ADDRESS	1717 NORTH 'E' STREET	4.3 STREET ADDRESS	23 South 'A' Street
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSINGER, DOUGLAS S	5.2 NAME	
STREET ADDRESS	117 W. GARDEN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Douglas S. Kinsinger* DATE: 2/1/99
SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

CR2E037 (11/98)