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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000002493 (4)

1. Corporation Name

PORT ST. JOHN JUNIOR CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

3535 N US 1  
SUITE 3  
COCOA FL 32926

3535 N US 1  
SUITE 3  
COCOA FL 32926-8729

3. Date Incorporated or Qualified  
05/16/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3244733

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGGINBOTHAM, TRACEY C  
3535 N US 1  
SUITE 3  
COCOA FL 32926

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

*Tracey C. Higginbotham*

(NOTE: Registered Agent signature required when reappointing)

DATE

2/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HIGGINBOTHAM, TRACEY C  
STREET ADDRESS 3535 N US 1 SUITE 3  
CITY-ST-ZIP COCOA FL 32926

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Kathy Powers  
1.3 STREET ADDRESS 1140 Baymeadows Drive  
1.4 CITY-ST-ZIP Titusville, FL 32796

TITLE D ☐ DELETE  
NAME WIEDMAN, HARRY C  
STREET ADDRESS 6480 DALLAS AVENUE  
CITY-ST-ZIP COCOA FL 32927

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Steve Velligan  
2.3 STREET ADDRESS 6725 Cecil Road  
2.4 CITY-ST-ZIP Cocoa, FL 32927

TITLE D ☐ DELETE  
NAME EDELMAN, TAMMY A  
STREET ADDRESS 5000 BRAMBLETON ST  
CITY-ST-ZIP COCOA FL 32927

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Jamie Cline  
3.3 STREET ADDRESS 6595 Arequipa Road  
3.4 CITY-ST-ZIP Cocoa, FL 32927

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Kathy Powers* KATHY POWERS

2/26/97

407-3261-3261  
Daytime Phone # 0019116

CR2E037 (9/96)