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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000002493

1. Corporation Name
PORT ST. JOHN JUNIOR CHAMBER OF COMMERCE, INC.

560993 - 90078 - 10

Principal Place of Business	Mailing Address
3535 N US 1 SUITE 3 COCOA FL 32926	3535 N US 1 SUITE 3 COCOA FL 32926

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3935-L N.U.S.1	26 3935-L N. U.S.1	05/16/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3244733 ☐ Applied For ☐ Not Applicable
City & State 23 Cocoa, Fl.	City & State 28 Cocoa, Fl.	5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
Zip 24 32926 Country 25 USA	Zip 29 32926 Country 30 USA	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
HIGGINBOTHAM, TRACEY C 3535 N US 1 SUITE 3 COCOA FL 32926	81 Name: Higginbotham, Tracey C. 82 Street Address (P.O. Box Number is Not Acceptable): 3935-L N. U.S.1 83 84 City: Cocoa FL 85 Zip Code: 32926

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 TRACEY C. HIGGINBOTHAM 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, KATHY 1140 BAYMEADOWS DRIVE TITUSVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VELLIGAN, STEVE 6725 CECIL ROAD COCOA FL 32927	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINBOTHAM, NANCY 6545 BIRCH DR. COCOA FL 32927	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, GAVER 1140 BAYMEADOWS DR. TITUSVILLE FL 32796	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D TRACEY C. HIGGINBOTHAM 3935-L N. U.S.1 COCOA, FL. 32926
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: Nancy Higginbotham FILED NANCY Higginbotham TREASURER 4/01/99 407-632-5726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #