## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N96000002061 (7)

PONTE VEDRA BEACH CHAMBER OF COMMERCE, INC.

## **FILED** Jun 11 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address		a idanises ata sena aisin anni anni a	AIN OBIN DAND NEW ARM WITH HID NOT
500 A1A NORTH PONTE VEDRA BEACH FL 32082	500 A1A NORTH PONTE VEORA BEACH FL 32	082-2256		
			3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last Report
2. Principal Place of Business 21 500 A(A North	2a. Mailing Address	1	4. FEI Number	Applied For
21 200 A(A North Sulte, Apt. #, etc.	26 500 A / A / Suite, Apt. #, etc.	Vorth	59-3396647	Not Applicable
22	27 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ponte Vedra Bch. F	28/10/16 1601		6. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32-82 25 Country US	A 29 32082 3	Country 10 USA	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032,  Yes Wo
9. Name and Address of Cu		10 0 7 7	10. Name and Address of New Re	
•		81 Name	DAN Worrell	
NEAL, F B (II)		82 Street Addg	ress (P.O. Box Number is Not Acceptab	nle)
225 WATER STREET		83 700 5	olana Rd Sui	tec
SUITE 1500		83		
JACKSONVILLE FL		84 City Por		FL 85 Zip Code 3 2 0 8 2
Pursuant to the provisions of Sections 617 office or registered agent, or both, in the sagent. I am familiar with, and accept the common sections.	.0502 and 617.1508, Florida Statutes itale of Florida. Such et ange was au	the above-named corp thorized by the corporat	poration submits this statement for the patients to board of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
SIGNATURE Signature typed or printed name of registar	<b>25.</b>	Ga Statutes.  Registered Agent signature require	41291	97
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE President	DELETE	1.1 TITLE		☐ Change ☐ Addition 8
NAME J. M. ChaGL Jo	seph	1.2 NAME		
STREET ADDRESS 510 AIA North		1.3 STREET ADDRESS		<u> </u>
TITLE D Vice - Presiden	32082	1.4 City-St-ZiP		
		21 TITLE		Change Addition
NAME Gypsy Alevand STREET ADDRESS 208 Porte Vedra R	ell Dr Ste 102	2.2 NAME		
CITY-ST-ZIP Ponte Vedra F		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE 1) Secretary	DELETE	3.1 TITLE		Change Addition
NAME Jan Dean		3.2 NAME		
STREET ADDRESS 500 AIA North	•	3.3 STREET ADDRESS		
CITY-ST-ZIP Ponte Vedra	FL 32082	3.4. CITY-ST-ZIP		
TITLE D Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME DAN WOTTELL STREET ADDRESS 200 Solana Ro	1 College C	4. 2 NAME		
		4.3 STREE1 ADDRESS		
TITLE D Counser	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME F BRY Neal		5.2 NAME		C onlinge
NAME F. BRY Neal STREET ADDRESS 89 NING Lan	ف	5.3 STREET ADDRESS		Ì
CITY-ST-ZIP Ponte Vedra	PC 32082	5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	1 2 10 01 100 1 10	64 CITY-ST-ZIP		
<ol> <li>I do hereby certify that the information sup</li> </ol>	plied with this filing does not qualify.	tor the exemption stated	t in Section 119.07(3)(i). Florida Statutes	I further certify that the

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.