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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000006399

1. Corporation Name

THE WEWAHITCHKA CHAMBER OF COMMERCE, INC.

Principal Place of Business

MADDOX VISITOR CENTER/GULF CO CHAMBER
100 4TH ST
PORT ST. JOE FL 32456

Mailing Address

GULF CO CHAMBER OF COMMERCE
P.O. BOX 964
PORT ST. JOE FL 32457



2. Principal Place of Business

21 **Wewahitchka CofC**
Suite, Apt. #, etc.

22 **636 S. Second ST.**
City & State

23 **Wewahitchka FL.**
Zip Country

24 **32465** 25 **Gulf**

2a. Mailing Address

26 **Wewahitchka CofC**
Suite, Apt. #, etc.

27 **PO Box 628**
City & State

28 **Wewahitchka FL.**
Zip Country

29 **32465** 30 **Gulf**

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

LAIN, TAMARA
MADDOX VISITOR CENTER/GULF CO CHAMBER
100 4TH ST
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name **Pettis, R. Charles**

82 Street Address (P.O. Box Number is Not Acceptable)
244 Pettis Ln.

83 **Wewahitchka**

84 City

FL

85 Zip Code

32465

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 **R. Charles Pettis**
Signature, typed or printed name of registered agent and title if applicable.

R. Charles Pettis

5/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **STRANGE, KENNY**
STREET ADDRESS **1940 NO. HWY 71**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **VD** ☐ DELETE
NAME **SEMME, HUGH**
STREET ADDRESS **1940 NO. HWY 71**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **SD** ☒ DELETE
NAME **KERRIGAN, DIANNE**
STREET ADDRESS **1940 NO. HWY 71**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **TD** ☒ DELETE
NAME **MILES, JORDAN**
STREET ADDRESS **1940 NO. HWY 71**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Pettis, R. Charles**
1.3 STREET ADDRESS **244 Pettis Ln.**
1.4 CITY-ST-ZIP **Wewahitchka, FL. 32465**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **HARDEN, Pam**
3.3 STREET ADDRESS **1730 Hwy 386**
3.4 CITY-ST-ZIP **Wewahitchka, FL. 32465**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **semmes, Thomas**
4.3 STREET ADDRESS **1730 Hwy 386**
4.4 CITY-ST-ZIP **Wewahitchka, FL. 32465**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **R. Charles Pettis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99 (850) 639-5993
Date Daytime Phone #

CR2E037 (1/98)