



# SANTA ROSA COUNTY TOURIST DEVELOPMENT OFFICE

JULIE MORGAN  
Tourist Development Director  
julie@santarosa.fl.gov

8543 Navarre Parkway | Navarre, Florida 32566

**TO:** Board of County Commissioners

**FROM:** Julie Morgan, Tourist Development Director

**DATE:** July 11, 2016

**SUBJECT:** Special Event Application for Christmas in the Park hosted by Navarre Beach Area Chamber of Commerce

## RECOMMENDATION

Discussion that the Board of County Commissioners consider and approve the Special Event Permit application from the Navarre Beach Area Chamber of Commerce, Inc. to host Christmas in the Park located at the Navarre Park. The event starts on November 12, 2016 with set up of the large lighted display throughout the Navarre Park and will end on January 8, 2017 for breakdown. On December 3, 2016 the festival aspect of Christmas in the Park will be hosted, which starts off with a neighborhood Jingle Bell Fun Run and Christmas parade followed by festival activities.

## BACKGROUND

This will be the 22<sup>nd</sup> year of the annual event Christmas in the Park hosted by the Navarre Beach Area Chamber of Commerce, Inc. The event includes:

- Large lighted display throughout the Navarre Park
- Santa's Shop which includes a marketplace for a large number of vendors
- Mrs. Claus Bakery
- Pancake Breakfast
- Christmas Carols supplied by several youth choirs and church choirs
- Kids area with arts & crafts
- Kids safety area with free fingerprinting by the Santa Rosa County Sheriff's Office Crime Prevention Team
- Bounce house
- Pictures with Santa & Mrs. Claus; free for children
- Parade starting at the Navarre Library and ending at Navarre Park
- Lighting of the Christmas Tree
- 5K Run

## **NEXT STEPS**

If approved by the Board of County Commissioners, staff will work with the applicant to finalize arrangements for the event.



# Special Event Permit Application

Instructions: To process an application, all pages must be filled out completely and submitted with payment. You may obtain department approvals by phone, email, or in person. For questions about requirements, fees, or the application process contact the Tourism Development Office.

## EVENT INFORMATION (PLEASE CHECK ALL THAT APPLY)

- CONCERT
- PARK FESTIVAL
- SALE/MARKET
- RUN/WALK
- FUNDRAISER
- PARADE/PROCESSION
- SPORTS EVENT
- FISHING EVENT
- PRIVATE EVENT
- PUBLIC EVENT
- OTHER \_\_\_\_\_

Event Name: Christmas in the Park

Event Location: Navarre Park Date(s) of Event: 12/3/16 to 7pm

Time of Event: Day 1 7am to 7pm Day 2 7am to 7pm Day 3 7am to 7pm

Set Up Date : 11/12 & 11/19 Set Up Time: 7 till 7 Breakdown Date: 1/7 - 1/8 Breakdown Time: 7 till 7

Will an admission fee be charged?  YES  NO Admission Fee: \_\_\_\_\_

Estimated Attendance: 2000 /per day

Brief description of event:  
It is the annual Christmas in the Park celebration. We will have a large lighted display, Santa's Shop with a marketplace for a large number of vendors, Pancake Breakfast, Christmas Carols supplied by several youth choirs and church choirs, Kids area with crafts and bounce house, Kids safety area with free fingerprinting by the SRSO Crime Prevention Team, pictures with Santa & Mrs. Claus free for the children, parade starting at the Navarre Library and going to the Navarre Park, Mrs. Claus Bakery, and Lighting of the Christmas Tree as the finale. We plan to start the event at 9am with marketplace etc and end by 7pm.

## APPLICANT & EVENT ORGANIZER INFORMATION

- INDIVIDUAL
- NOT-FOR PROFIT
- FOR PROFIT
- CHARITY
- CHURCH
- OTHER

Name of Organization: Navarre Beach Area Chamber of Commerce, Inc.

Address: 8543 Navarre Parkway City: Navarre State: FL Zip: 32566

Phone: (850)449-4198 Email: cynthias@beachcommunitybank.com

Point of Contact: Cindy Stephens

## Special Event Questions

Below are questions about the event. Please answer all questions and attach additional documents, if necessary, to the application.

Note: If your event will attract less than 1,000 people per day, will not require reservation of county property other than a pavilion, community center, or auditorium, and will not involve the sale or consumption of alcohol, this Special Events Permit is not required. Applications to reserve the facilities described above can be found online at [www.santarosa.fl.gov](http://www.santarosa.fl.gov).

Do any of the following apply to your event? Check all that apply.

- Attendance of 1000+ people per day on public or private property? *Agritourism events on private property do not require this application.*
- Event located on public property or a county park?
- Alcohol use on county property?
- Alcohol use on public or private property at times or locations not otherwise allowed by county ordinance?

**If the answer to any of the above is yes, your application must be approved by the Board of County Commissioners at a public meeting.**

Does your event require the use of:

- County park pavilion?
- County-owned community center?
- County Auditorium?

Will restroom facilities be available on site?

YES    NO

If yes, describe public restrooms and the restrooms in VIC center

Will there be amplified sound?

YES    NO

If yes, times requested 10am to 7pm

Will food or non/alcoholic beverages be sold or given away?

YES    NO

Will food be cooked at the event?

Will an admission fee be charged?

YES    NO

Will alcohol be sold or given away? If yes, attach liquor liability insurance.

YES    NO

Will there be fireworks? If yes, a pyrotechnics plan must be attached. Will unimproved or off-site lots be used for parking?

YES    NO

YES    NO

If yes, a parking plan must be attached.

Will a county park be utilized? If yes, attach park rental agreement.

YES    NO

Will vendors be selling merchandise, food, or wares? If yes, attach vendor information form.

YES    NO

Will tents larger than 400 sq. ft. or multiple tents be erected? If yes, attach tent permit.

YES    NO

Will an EMT be on site?

YES    NO

Will stages be erected?

YES    NO

Will your event be using State Roads? If yes, an MOT is required 60 days prior to your event.

YES    NO

Will you be submitting a local event/marketing grant application for your event?

YES    NO

If so, contact Nicole Dees at [NicoleD@santarosa.fl.gov](mailto:NicoleD@santarosa.fl.gov)

## Additional Required Documents

Below are documents that are required to be submitted with the application. Applications will be considered incomplete without these documents. For additional information about these documents please contact the special event office.

- Event Site Map or Race Route Map:** Event organizers must provide a **site map** with vendor locations, porta potties, run/walk route, etc.
- Insurance Certificate**                       **FL Division of Corp Annual Report**                       **Tent Permit**
- Tax Exempt Certificate and/or 501(c)3 Documentation if the entity is claiming tax exempt and/or non-profit status.**

# County Approval Form

Event organizers must receive approval from applicable departments below. Read the field of expertise to determine which applies to the event. When emailing staff please copy the special events coordinator assigned to the event.

<u>Department &amp; Representative</u>	<u>Contact Information</u>	<u>Field of Expertise</u>	<u>Contact Method</u>	<u>Approval Received</u>
<b>Sheriff's Office</b> Sergeant Rich Aloy <a href="mailto:RAloy@SRSO.net">RAloy@SRSO.net</a> Cell 850-485-7084	5755 East Milton Rd Milton, FL 32583 Office 850-983-1225	Street Closures; Traffic & Safety Plans; Event Site Maps; Parade Routes; Run/Walk/Bicycle Routes; Security	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	February _____ / _____ Month                  Day
<b>Emergency Management</b> Tom Lloyd, Operations Chief <a href="mailto:TomL@santarosa.fl.gov">TomL@santarosa.fl.gov</a> Cell 850-698-7401	4499 Pine Forest Rd Milton, FL 32583 Office 850-983-4608	Fire Lane; Fire Truck; Outdoor Cooking / Grilling; Flame Activities; EMT Requirements	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	_____ / _____ Month                  Day
<b>Tourist Development Office</b> Nicole Dees <a href="mailto:NicoleD@santarosa.fl.gov">NicoleD@santarosa.fl.gov</a>	8543 Navarre Pkwy. Navarre, FL 32566 Office 850-981-8900 Fax 850-981-8903	Tourism promotion	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	_____ / _____ Month                  Day
<b>Risk Management</b> Melissa Lloyd, Risk Manager <a href="mailto:melissal@santarosa.fl.gov">melissal@santarosa.fl.gov</a>	6495 Caroline Street, Suite I Milton, FL 32570 Office 850-983-1863	Insurance Requirements; Alcohol Insurance; Live Animal Insurance; Liability Risks	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	_____ / _____ Month                  Day
<b>Development Services</b> Tambre Lee or Amber Aaron <a href="mailto:tambrel@santarosa.fl.gov">tambrel@santarosa.fl.gov</a>	6051 Old Bagdad Hwy. Milton, FL 32583 Office 850-981-7000	Permits for Large Tents, Stages & Platforms	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	_____ / _____ Month                  Day
<b>Parks</b> Tammy Simmons <a href="mailto:tammys@santarosa.fl.gov">tammys@santarosa.fl.gov</a>	6075 Old Bagdad Hwy. Milton, FL 32583 850-983-1858 Phone 850-623-1331 Fax	Park Rentals	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	_____ / _____ Month                  Day
<b>Navarre Beach</b> Sonja Lusk <a href="mailto:SonjaL@santarosa.fl.gov">SonjaL@santarosa.fl.gov</a>	1411 Utility Dr. Navarre, FL 32561 850-981-8888	Navarre Beach pavilion rentals	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	_____ / _____ Month                  Day
<b>Health Department</b> Herman Davies, Environmental Supervisor II <a href="mailto:herman.davies@flhealth.gov">herman.davies@flhealth.gov</a>	P.O. Box 929 Milton, FL 32570 850-983-5200 x318 Fax: 850-983-5278	Portable toilet requirements	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON	_____ / _____ Month                  Day

I am aware of the rules and regulations as they pertain to special events and agree to abide by these rules and regulations. I understand that the event must adhere to all Santa Rosa County ordinances. I am duly authorized by the organization to submit this application on its behalf and agree to be financially responsible for any fees and costs that may be incurred by or on behalf of the event in Santa Rosa County. I certify that the information that I have provided on this application is true and to best of my knowledge. If the event details change, I agree to submit a revised application or provide additional information in writing at least 10 days prior to the event.

Name (please print): Linda Fusco

Signature: 

Date: 2/26/16

HOLD HARMLESS AGREEMENT

For and in consideration of having been granted permission by Santa Rosa County to hold a Special Event within the Santa Rosa County limits, the undersigned hereby agrees on behalf of the organization, to indemnify and hold harmless the county of Santa Rosa, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives and agents from any and all claims, suits, actions, damages, liability and expenses in conjunction with loss of life, bodily injury or personal injury, or property damage, including loss of use thereof, directly or indirectly caused by, resulting from, arising out of or occurring in connection with this permitted activity.

The undersigned also agrees to protect and hold harmless the county of Santa Rosa, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives and agents from any and all claims, suits, actions, damages, liability and expenses, present, past or future which may be asserted by this organization, or any member of this organization, or any participant of third party arising out of or occurring in connection with this permitted event.

By the signature to this document the undersigned acknowledges that it understands the contents of this document and is voluntarily agreeing to its terms.

In witness whereof I have here unto set my hand and seal this 26 day of February in 2016.

Name of Special Event Christmas in the Park

Date(s) of Special Event 12/3/2016

TERRA SCORE  
Notary Signature

**TERRA SCORE**  
Notary Public - State of FL  
My Comm. Expires April 20, 2019  
My Comm No. FF 222556

(STAMP)

Navarre Beach Area Chamber of Commerce, Inc.  
Name of Organization

Linda Fusco  
Printed Name

Linda J. Fusco  
Signature of Legally Authorized Representative  
Chairman of the Board of Directors  
Title

# OUTDOOR CLEAN-UP FORM

It is understood that clean-up will be performed immediately following the event. Clean-up includes but is not limited to the removal of all garbage, signs, banners, tents, and traffic control devices (i.e. cones, barrels, signs, barricades, and changeable message signs) from the event area, public right-of-way, and/or county property.

Event Name: Christmas in the Park

Date(s) of Event: 12/3/16

Event Location: Navarre Park

Method of Clean Up:  Self Clean Up  Volunteers (describe)

We have an employee that can clean up plus our volunteers.

If performing self clean up or using volunteers contact information must be provided for the person in charge of overseeing the clean up.

Contact Name: Cindy Stephens

Contact Phone Number: (850)449-4198

Linda Fusco

Printed Name

2/26/16

Date

  
Signature—Responsible Party

**Please Read and Initial Below - Park Rental Rules and Guidelines**

Initial

User agrees to provide full cleanup and accomplish reasonable cleanup of the rented park area utilized. This cleanup operation shall be completed by 12:00 noon on the day following the event unless another event is scheduled in the park (then cleanup must be completed directly following User's event). If trash receptacles provided by the county are full, User agrees to dispose of refuse/trash. If the User fails to remove all trash/refuse from the event site, the User will be billed for all fees incurred Santa Rosa County to remove said trash/refuse from the site.

User shall be liable for any and all damage done to the property covered by this agreement located in and on the rented park area, regardless of who causes such damage or how such damage is caused, during the period of use contained in this agreement. Further, User shall agree to defend, indemnify and hold-harmless the county, its officials, employees, and representatives for any and all claims caused by or arising out of, in whole or in part, the activities permitted by this agreement.

I hereby attest that the information contained in this contract is true and correct. I agree: (1) if any of the information contained in the contract is found to be false; or (2) should my conduct, or the conduct of any participants or guests not be described in the contract; or (3) should any applicable county, state or federal rules, regulations, codes or laws be violated, this contract shall automatically become null and void and any activity associated with this reservation will immediately cease. If the event has not taken place, the contract will be cancelled.

Print Name	Linda Fusco
Sign Name	<i>Linda J. Fusco</i>
Date	2-26-16

**Additional Documents from Applicant**

If this park is being rented by a tax exempt or non-profit organizations the following documents must be submitted with this application.

501(c)3 Documentation  YES  NO - Tax Exempt Certificate  YES  NO

**Questions**

Will tents larger than 400 sq. ft. or multiple tents be erected at event?  YES  NO - Will stages be erected at event?  YES  NO - Will animals/pets be allowed at event?  YES  NO - Will alcoholic beverages be sold or given away at event?  YES  NO - Will food or beverages be sold or given away at event?  YES  NO - Will there be amplified sound?  YES  NO - Will food be cooked at the event?  YES  NO - Will you require use of utilities on-site (water, electricity)?  YES  NO - Which?  WATER  ELECTRICITY

Provide additional information for all YES answers marked on this agreement.

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OFFICE USE ONLY

Agreement Received - Date: \_\_\_\_\_

Fee Paid -  YES  NO  CASH  CHECK  CHARGE Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Additional Documents Received (if applicable)  501(C)3  TAX EXEMPT CERTIFICATE  INSURANCE CERTIFICATE  TENT PERMIT  SPECIAL EVENT PERMIT APPLICATION  OFFSITE PARKING PLAN

County Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## VARIANCE REQUESTED INFORMATION

It is understood that by requesting this variance of the special regulation(s) in regards to the county parks and/or County Code, the above named person(s)/organization has assured Santa Rosa County that if by receiving approval of the variance any and all damage that may occur as a result of this request will be repaired and invoiced to the Organizer of the activity held in the county park. This repair must be paid prior to any future approved park rentals. An inspection will be performed immediately following the event to determine if the variance approval that has been granted created the opportunity for damage and if any damage to any county property has occurred.

Variance Requested: \_\_\_\_\_

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OFFICE USE ONLY

Variance Approved  YES  NO

To Be Used with Special Event Permit: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Application Due Dates

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- A completed Special Events permit application is due to the Special Events office at a minimum of 60 days prior to the event date. Applications submitted after the deadline may be subject to denial of permit.
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## Cancellation Policy

- No permit fees will be refunded if the event is cancelled before or after the scheduled event date.
  - Although permit fees are non-refundable, if an event is cancelled due to inclement weather, the permit fee can be credited towards and alternate date. Event organizers must be in touch with the Special Event Office before the scheduled event date or no more than three business days following the scheduled event date to reschedule. The alternate date must be within eight months of the original scheduled event date.
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## ADA Accessibility Guidelines

- Event Organizers must make the event accessible to people with disabilities to the greatest extent possible in compliance with the requirements of the Americans with Disabilities Act (ADA). If the event calls for portable restroom facilities, 5% of the total number of portable restroom units and at least one in each grouping of units must be accessible to persons with disabilities.
  - Accessible parking must be provided for persons with disabilities. Depending on the location, county-designated accessible parking lots must be utilized for accessible parking for the event. Information regarding accessible parking locations should be included as part of the event advertising and clearly marked at the event site. At a minimum, all event personnel and volunteers should be aware of the locations of accessible parking to direct persons with disabilities and handicap tags to the appropriate parking areas.
- 

## Use of State Roads

- Any event that requires the use of a state road must complete the appropriate paperwork and submit it to the Special Events office at a minimum of thirty (30) days prior to the event date.

# INSURANCE REQUIREMENTS

## In General:

The Event Organizer/Applicant is required to provide liability insurance with coverage limits that depend upon the size, scope and location of the event. The insurance policy must include coverage for all Event Organizer/Applicant approved event activities, including those activities being provided by third party vendors. The policy must be for the dates of the event, including set-up and take-down days. Liquor Liability Insurance (if alcohol is sold) or Host Liquor Liability Insurance (if alcohol is given away) must be provided if alcohol is to be present at the event.

## Insurance Requirements:

No proof of insurance will be required for a group or organization using a Santa Rosa County facility for a meeting if all of the following criteria is met:

- There is no charge to attend or participate
- There are no sales or solicitation for sales
- There are no display booths
- No alcohol is served
- No animals (livestock, reptiles, etc.) are present
- No large or dangerous equipment is present or used

## Insurance Limits:

Minimum limits for event liability insurance are \$300,000 per occurrence and in the aggregate. However, most events will require minimum limits of \$1,000,000 per occurrence and in the aggregate depending upon the scope of the event. The minimum limit for Liquor or Host Liquor Liability Insurance is \$1,000,000 each common cause and in the aggregate.

## Additional Insured Status:

Santa Rosa County must be listed as an additional insured on all insurance coverage. Other additional insured entities may be required, depending on the scope or location of the event.

## Certificate of Insurance:

A certificate of insurance evidencing the required insurance should be sent a minimum of 10 days prior to the event.

The certificate may emailed to [melissal@santarosa.fl.gov](mailto:melissal@santarosa.fl.gov).

The certificate holder should read:

Santa Rosa County  
Risk Management  
6495 Caroline Street, Suite I  
Milton, FL 32570

## County Code

In the event of any conflict between any provision of this summary document and County Code, the County Code takes precedence.

## Pet Friendly Events, Large Banners, Stages, etc.

Coverage must be provided for all activities associated with the event.

## Questions?

Please contact Santa Rosa County Risk Management at 850-983-1863 with any questions. Feel free to have your insurance company contact Risk Management directly regarding your event if you prefer.



**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Not For Profit Corporation**

NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.

**Filing Information**

<b>Document Number</b>	733612
<b>FEI/EIN Number</b>	59-1652314
<b>Date Filed</b>	08/19/1975
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	11/14/1996

**Principal Address**8543 NAVARRE PARKWAY  
NAVARRE, FL 32566

Changed: 03/13/2008

**Mailing Address**8543 NAVARRE PARKWAY  
NAVARRE, FL 32566

Changed: 11/05/2010

**Registered Agent Name & Address**Sandler, Michael  
8543 NAVARRE PARKWAY  
NAVARRE, FL 32566

Name Changed: 01/20/2016

Address Changed: 03/13/2008

**Officer/Director Detail****Name & Address**

Title CEO

Morehead, Judy K  
8543 NAVARRE PARKWAY  
NAVARRE, FL 32566

## Title Immediate Past Chairman

CARTER, REGINA  
140 Hollywood Blvd  
Fort Walton Beach, FL 32548

## Title Chair Elect

Sandler, Michael  
1905 Williams Creek Drive  
NAVARRE, FL 32566

## Title VICE CHAIR

STEPHENS, CYNTHIA  
9290 Navarre Parkway  
Navarre, FL 32566

## Title Chairman

FUSCO, LINDA  
7197 Loysburg  
Navarre, FL 32566

## Title Treasurer

Simpson, Michael  
8871 Navarre Parkway  
Navarre, FL 32566

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2014	02/24/2014
2015	01/15/2015
2016	01/20/2016

**Document Images**

<a href="#">01/20/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/15/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/24/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/07/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/06/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">05/08/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/11/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/25/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/14/1996 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

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State of Florida, Department of State

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733612

**Entity Name:** NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

8543 NAVARRE PARKWAY  
NAVARRE, FL 32566

**Current Mailing Address:**

8543 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

**FEI Number: 59-1652314**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANDLER, MICHAEL  
8543 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MICHAEL SANDLER

01/20/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	IMMEDIATE PAST CHAIRMAN
Name	MOREHEAD, JUDY K	Name	CARTER, REGINA
Address	8543 NAVARRE PARKWAY	Address	140 HOLLYWOOD BLVD
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	FORT WALTON BEACH FL 32548
Title	CHAIR ELECT	Title	VICE CHAIR
Name	SANDLER, MICHAEL	Name	STEPHENS, CYNTHIA
Address	1905 WILLIAMS CREEK DRIVE	Address	9290 NAVARRE PARKWAY
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566
Title	CHAIRMAN	Title	TREASURER
Name	FUSCO, LINDA	Name	SIMPSON, MICHAEL
Address	7197 LOYSBURG	Address	8871 NAVARRE PARKWAY
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDY MOREHEAD

PRESIDENT/CEO

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733612

**Entity Name:** NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

8543 NAVARRE PARKWAY  
NAVARRE, FL 32566

**Current Mailing Address:**

8543 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

**FEI Number:** 59-1652314

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANDLER, MICHAEL  
8543 NAVARRE PARKWAY  
NAVARRE, FL 32566 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MICHAEL SANDLER

01/20/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name MOREHEAD, JUDY K  
Address 8543 NAVARRE PARKWAY  
City-State-Zip: NAVARRE FL 32566

Title IMMEDIATE PAST CHAIRMAN  
Name CARTER, REGINA  
Address 140 HOLLYWOOD BLVD  
City-State-Zip: FORT WALTON BEACH FL 32548

Title CHAIR ELECT  
Name SANDLER, MICHAEL  
Address 1905 WILLIAMS CREEK DRIVE  
City-State-Zip: NAVARRE FL 32566

Title VICE CHAIR  
Name STEPHENS, CYNTHIA  
Address 9290 NAVARRE PARKWAY  
City-State-Zip: NAVARRE FL 32566

Title CHAIRMAN  
Name FUSCO, LINDA  
Address 7197 LOYSBURG  
City-State-Zip: NAVARRE FL 32566

Title TREASURER  
Name SIMPSON, MICHAEL  
Address 8871 NAVARRE PARKWAY  
City-State-Zip: NAVARRE FL 32566

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDY MOREHEAD

PRESIDENT/CEO

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/25/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Gilmore Insurance & Bonding, Inc. P.O. Box 249 Mary Esther, FL 32569 Phone (850) 244-3387 Fax (850) 244-2610	<b>CONTACT NAME:</b> Cindy Gilmore <b>PHONE (A/C, No, Ext):</b> (850) 244-3387 <b>E-MAIL ADDRESS:</b> info@insurancefast.com	<b>FAX (A/C, No):</b> (850) 244-2610
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Auto Owners		<b>NAIC #</b> 18988
<b>INSURER B:</b> Republic-Vanguard		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

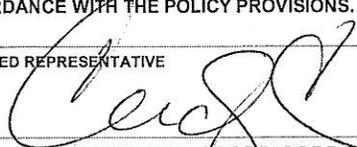
<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	y	n	114722 78837948	05/12/2015	05/12/2016	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	n	n	CNO100097202	05/12/2015	05/12/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 1,000,000.00 PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION\$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Christmas in the park December 5 2016

<b>CERTIFICATE HOLDER</b> Santa Rosa County Adiministrative Services 6495 Caroline Street Ste J Milton Fl 32570	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/25/16

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<b>PRODUCER</b> Gilmore Insurance & Bonding, Inc. P.O. Box 249 Mary Esther, FL 32569 Phone (850) 244-3387 Fax (850) 244-2610	<b>CONTACT NAME:</b> Cindy Gilmore <b>PHONE (A/C, No, Ext):</b> (850) 244-3387 <b>E-MAIL ADDRESS:</b> info@insurancefast.com	<b>FAX (A/C, No):</b> (850) 244-2610
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Navarre Beach Area Chamber of Commerce 8543 Navarre Parkway Navarre, FL 32566	<b>INSURER A:</b> Auto Owners	<b>NAIC #</b> 18988
	<b>INSURER B:</b> Republic-Vanguard	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	<b>GENERAL LIABILITY</b>	y	n	114722 78837948	05/12/2015	05/12/2016	EACH OCCURRENCE	\$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000.00
	<input type="checkbox"/>						PERSONAL & ADV INJURY	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
B	<b>AUTOMOBILE LIABILITY</b>	n	n	CNO100097202	05/12/2015	05/12/2016	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$ 1,000,000.00
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>		N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Navarre Fun Fest to be held on April 29 and 30 2016

**CERTIFICATE HOLDER****CANCELLATION**

Santa Rosa County Administrative Services  
 6495 Caroline Street Ste J  
 Milton Fl 32570

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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James M. Harvell Rd

Presidio St.

Presidio St.

Laredo St.

Granada St.

Estrada St.

Rio Vista Dr.

Ortega St.

Start & Finish  
Holley-Navarre  
Fire Station 1

- 5K Route**
- Shortcut 1**
- Shortcut 2**

200 ft  
100 m

NAVARRE  
LIBRARY

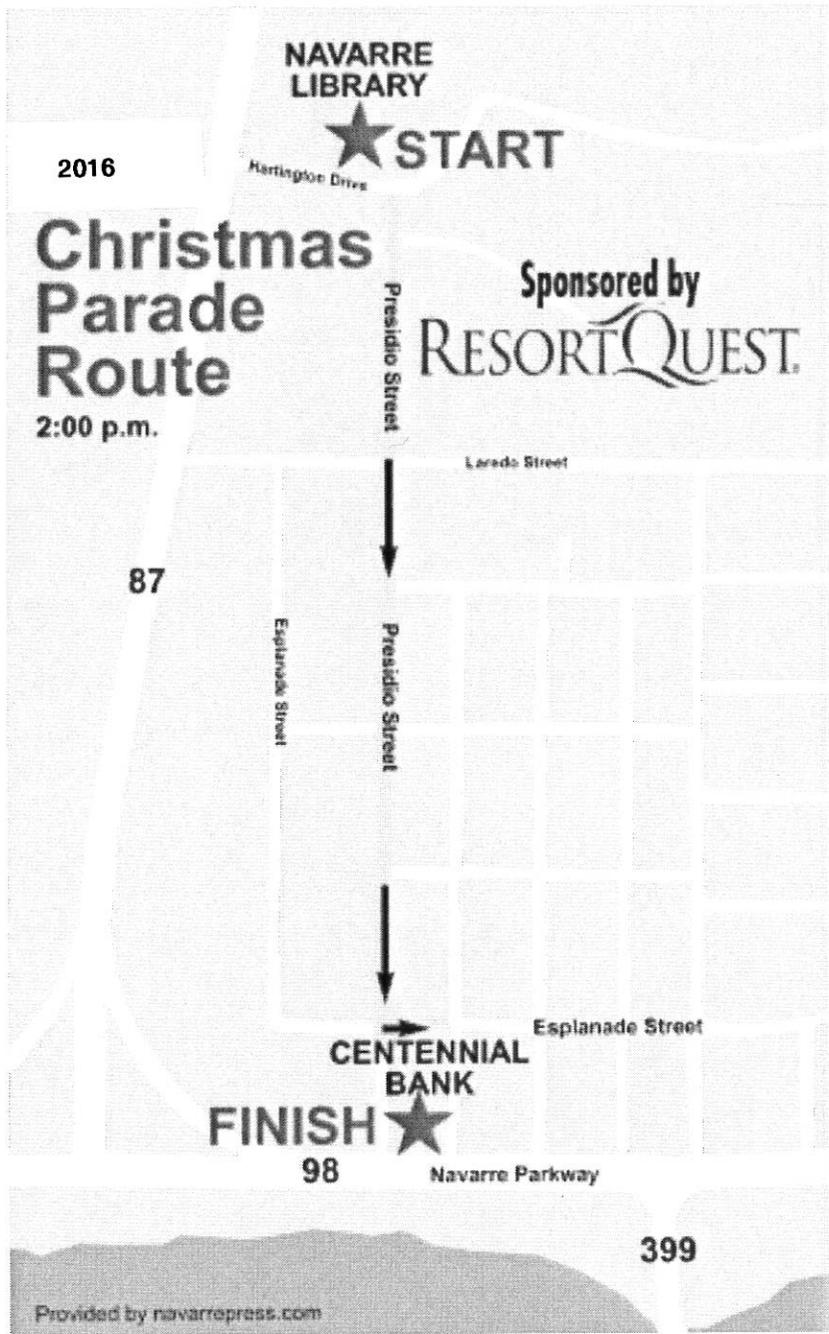
★ START

2016

# Christmas Parade Route

2:00 p.m.

Sponsored by  
**RESORTQUEST.**



CENTENNIAL  
BANK  
★ FINISH

98

Navarre Parkway

399

Provided by navarrepress.com