

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90019 037 ****61.25

DOCUMENT # 710179
 1. Entity Name
JENSEN BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business: **1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957 US**
 Mailing Address: **1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957 US**

54013864



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State

4. FEI Number: **59-0682897**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GIRLINGHOUSE, J.DAVID
1910 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, ROBERTA	
STREET ADDRESS	1910 NE JANSER BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34994	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIMONEAU, TAMMY	
STREET ADDRESS	1910 NE JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34956	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GIRLINGHOUSE, J.DAVID	
STREET ADDRESS	1910 N.E. JENSEN BEACH BLVD.	
CITY-ST-ZIP	JENSEN BEACH FL 34994	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>ERIC L INGRAM</i>	
STREET ADDRESS	<i>949 NE JENSEN BEACH BLVD</i>	
CITY-ST-ZIP	<i>JENSEN BEACH, FL 34957</i>	
TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>LAURIE COPLAND</i>	
STREET ADDRESS	<i>33 FLAGLER AVE</i>	
CITY-ST-ZIP	<i>STUART, FL 34994</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: *2/18/04* DAYTIME PHONE #: *772-334-3444*