

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **746554** (5)  
1. Corporation Name  
**PALM BEACH CHAMBER OF COMMERCE, INC.**



Principal Place of Business: **45 COCOANUT ROW PALM BEACH FL 33480**  
Mailing Address: **45 COCOANUT ROW PALM BEACH FL 33480**

3. Date Incorporated or Qualified: **04/03/1979**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-0389290**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**CLEARY, MARTHA C.  
45 COCOANUT ROW  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DONAHUE, COL FRANKLYN W	
STREET ADDRESS	233 MOCKINGBIRD TRAIL	
CITY-ST-ZIP	PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORGAN, JAMES E., JR.	
STREET ADDRESS	6607 PAMELA LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NEWMAN, JESSE D	
STREET ADDRESS	1515 N OCEAN WAY	
CITY-ST-ZIP	PALM BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROOKS, WILLIAM J.	
STREET ADDRESS	622 N FLAGLER DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAMPELL, RICHARD	
STREET ADDRESS	777 S. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	CLEARY, MARTHA C.	
STREET ADDRESS	45 COCOANUT ROW	
CITY-ST-ZIP	PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MAUS, JOHN G.	
13 STREET ADDRESS	312 WORTH AVENUE	
14 CITY-ST-ZIP	PALM BEACH, FL 33480	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Martha C. Cleary (MARTHA C. CLEARY) 2/12/96 (407) 655-3282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)