

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90350 036 ****61.25

DOCUMENT # 746554



1. Entity 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**

50040714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0389290

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, LAUREL T
 45 COCOANUT ROW
 PALM BEACH, FL 33480**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 2005

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	<input checked="" type="checkbox"/> MAUS, JOHN G. <input type="checkbox"/> Delete
NAME	312 WORTH AVE
STREET ADDRESS	PALM BCH, FL
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> LEONE, PAUL N CPA <input type="checkbox"/> Delete
NAME	THE BREAKERS, ONE SOUTH COUNTY ROAD
STREET ADDRESS	PALM BEACH, FL 33480
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> WHITACRE, PHILIP H <input type="checkbox"/> Delete
NAME	44 COCOANUT ROW
STREET ADDRESS	PALM BEACH, FL 33480
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> VPD SCAFF, DAVID H <input type="checkbox"/> Delete
NAME	255 SOUTH COUNTY ROAD
STREET ADDRESS	PALM BEACH, FL 33480
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> ED BAKER, LAUREL T <input type="checkbox"/> Delete
NAME	45 COCOANUT ROW
STREET ADDRESS	PALM BEACH, FL 33480
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> TD THOMAS, DANA <input type="checkbox"/> Delete
NAME	324 NORTH LAKESIDE COURT
STREET ADDRESS	WEST PALM BEACH, FL 33407
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VDIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DI DIRECTOR <input checked="" 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:

Laurel T Baker **LAUREL T BAKER** 4/16/05 561-655-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #