


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90401 048 ****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	
2. Principal Place of Business 400 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 106 City & State Zip		3. Mailing Address 400 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 106 City & State Zip	
4. FEI Number 59-0389290		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, LAUREL T 45 COCOANUT ROW PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 ROYAL PALM WAY 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 _____	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAUS, JOHN G. 312 WORTH AVE PALM BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONE, PAUL N CPA THE BREAKERS, ONE SOUTH COUNTY ROAD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITACRE, PHILIP H 44 COCOANUT ROW PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCAFF, DAVID H 255 SOUTH COUNTY ROAD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BAKER, LAUREL T 45 COCOANUT ROW PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, DANA 324 NORTH LAKESIDE COURT WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>LAUREL T BAKER</u>		Date: <u>4/26/06</u> Daytime Phone #: <u>561-655-3282</u>	

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04132006 Chg-NP CR2E037 (11/05)