

**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 # 760727 (8)  
1. Corporation Name

**GREATER WEST PALM BEACH CHAMBER OF COMMERCE, INC**



Principal Place of Business: 401 N FLAGLER DR. W. PALM BEACH FL 33401-4305  
Mailing Address: 401 N FLAGLER DR. W. PALM BEACH FL 33401-4305

3. Date Incorporated or Qualified: 11/17/1981  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-0504407  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

GRADY, DENNIS  
401 N. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

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 617.1503, 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: *Dennis Grady*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	D	<input type="checkbox"/> DELETE
NAME	DONALD DAWN	
STREET ADDRESS	777 S. FLAGLER DR #300	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SACHS, PETER	
STREET ADDRESS	505 S FLAGLER DR #1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATRICIA LOWRY	
STREET ADDRESS	777 S. FLAGLER DR. #1900	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRADY, DENNIS	
STREET ADDRESS	401 N. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRUITT, WILLIAM E.	
STREET ADDRESS	505 S. FLAGLER DRIVE, #400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARES, PATRICIA	
STREET ADDRESS	P O BOX 8552 NA	
CITY-ST-ZIP	LAKE WORTH FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dawn, Donald	
1.3 STREET ADDRESS	777 S. Flagler Drive S, 300	
1.4 CITY-ST-ZIP	W. Palm Beach, Fl	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pruitt, William E.	
5.3 STREET ADDRESS	505 S. Flagler Drive 400	
5.4 CITY-ST-ZIP	W. Palm Beach, Fl	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Staudinger, Richard	
6.3 STREET ADDRESS	6400 Congress Ave. 2500	
6.4 CITY-ST-ZIP	Boca Raton, Fl	

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/94

Daytime Phone #

CR2E037 (12/95)