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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760727

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
					11/17/1981	
22	Suite/Apt./# etc.	26	Suite/Apt./# etc.	4.	FEI Number	Applied For
					59-0504407	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
25	Country	29	Country			

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
			FL
		85	Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZ, CLIFF	1.2 NAME	Secretary
STREET ADDRESS	400 AUSTRALIAN AVENUE #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHS, PETER	2.2 NAME	
STREET ADDRESS	505 S FLAGLER DR. #1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA LOWRY	3.2 NAME	D Curt Reilly
STREET ADDRESS	777 S. FLAGER DR. #1900	3.3 STREET ADDRESS	701 Northpoint Parkway Suite 410
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, DENNIS	4.2 NAME	
STREET ADDRESS	401 N. FLAGLER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAAS, EDWARD	5.2 NAME	Chair-Elect
STREET ADDRESS	2820 HACKNEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUDINGER, RICHARD	6.2 NAME	Treasurer
STREET ADDRESS	6400 CONGRESS AVENUE, #2500	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 3-18-99 561-833-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2EN37-1110R1