


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-17-2006 90361 020 ****61.25

DOCUMENT # N98000003966

1. Entity Name
NORTH MIAMI BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business
**1870 NE 171 STREET
 N MIAMI BEACH, FL 33162**

Mailing Address
**1870 NE 171 STREET
 N MIAMI BEACH, FL 33162**

66013874



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0794687

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANSDORF, ABRAHAM B
 17971 BISCAYNE BLVD #211
 AVENTURA, FL 33160**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLER, PAUL	NAME	
STREET ADDRESS	8811 CLEARY BLVD	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS, STAN	NAME	Popper, Melanie Director
STREET ADDRESS	800 NE 199 ST D205	STREET ADDRESS	1750 NE 167 St.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	North Miami Beach, FL
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADGER, ELLIS	NAME	
STREET ADDRESS	9250 W FLAGLER ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS, STAN	NAME	Landmeier, Drew Vice President
STREET ADDRESS	800 NE 199 ST D205	STREET ADDRESS	4300 Aitkin Road
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, MICHAEL	NAME	
STREET ADDRESS	20803 BISE BLVD #200	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNOFF, JAY	NAME	
STREET ADDRESS	2875 NE 191 ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	

12. I hereby certify that the information provided 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, 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: PAUL TEMPLER 2/22/06 505 444 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR