

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER H. HARTMAN
Secretary of State
Tallahassee, FL 32399-0001

APPROVED
AND
FILED

DOCUMENT # N94000005826 (2)

SEP 11 1995 12:07

PALM BEACH CHAMBER OF COMMERCE FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (If Change)		Mailing Address		Do Not Write in this Space	
45 COCOANUT ROW PALM BEACH FL 33480		45 COCOANUT ROW PALM BEACH FL 33480		3. Date incorporated or Qualified 11/29/1994	3a. Date of Last Report
2. Principal Office of Business		2a. Mailing Address		4. FIC Number 65-0540824	Applied For Not Applicable
21	State, Apt. #, etc.	26	State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	City & State	27	City & State	6. Election Campaigns Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Zip	28	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
24	Country	29	City	8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes	Yes ☐ No ☐
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BROBERG, PETER S 45 COCOANUT ROW PALM BEACH FL 33480				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 607.0542 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	TITLE	13. ADVICE OF CHANGE OF OFFICERS AND DIRECTORS	Change ☐ Addition ☐	
NAME	NEWMAN, JESSE D	NAME			
STREET ADDRESS	45 COCOANUT ROW	STREET ADDRESS			
CITY, ST, ZIP	PALM BEACH FL 33480	CITY, ST, ZIP			
TITLE	VD	TITLE		Change ☐ Addition ☐	
NAME	BROOKS, WILLIAM J	NAME			
STREET ADDRESS	45 COCOANUT ROW	STREET ADDRESS			
CITY, ST, ZIP	PALM BEACH FL 33480	CITY, ST, ZIP			
TITLE	VD	TITLE		Change ☐ Addition ☐	
NAME	DONAHUE, FRANKLIN W	NAME			
STREET ADDRESS	45 COCOANUT ROW	STREET ADDRESS			
CITY, ST, ZIP	PALM BEACH FL 33480	CITY, ST, ZIP			
TITLE	SD	TITLE		Change ☐ Addition ☐	
NAME	RAMPALL, RICHARD	NAME			
STREET ADDRESS	45 COCOANUT ROW	STREET ADDRESS			
CITY, ST, ZIP	PALM BEACH FL 33480	CITY, ST, ZIP			
TITLE	TD	TITLE		Change ☐ Addition ☐	
NAME	MORGAN, JAMES E JR.	NAME			
STREET ADDRESS	45 COCOANUT ROW	STREET ADDRESS			
CITY, ST, ZIP	PALM BEACH FL 33480	CITY, ST, ZIP			
TITLE	D	TITLE		Change ☐ Addition ☐	
NAME	BROBERG, PETER S	NAME			
STREET ADDRESS	45 COCOANUT ROW	STREET ADDRESS			
CITY, ST, ZIP	PALM BEACH FL 33480	CITY, ST, ZIP			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax form 119.037, 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 this corporation or the receiver or trustee empowered to make this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE: *Barbara E. Clary (mother of Clary)* 4/3/95 (407) 633 3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR