

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 # N94000005826 (2)

1. Corporation Name

PALM BEACH CHAMBER OF COMMERCE FOUNDATION, INC.



Principal Place of Business

Mailing Address

**45 COCOANUT ROW
PALM BEACH FL 33480**

**45 COCOANUT ROW
PALM BEACH FL 33480**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

CLEARY, MARTHA C.

82

Street Address (P.O. Box Number is Not Acceptable)

45 COCOANUT ROW

83

PALM BEACH, FL

84

PALM BEACH, FL FL

85 Zip Code

33480

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

MARTHA C. CLEARY - MARTHA C. CLEARY, EXEC. DIR. 2/12/96

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
NAME
NEWMAN, JESSE D
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH FL 33480**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

**VD
NAME
BROOKS, WILLIAM J
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH FL 33480**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☒ DELETE

**VD
NAME
DONAHUE, FRANKLIN W
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH FL 33480**

3.1 TITLE ☒ Change ☐ Addition

**VD
NAME
MAUS, JOHN G.
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH, FL 33480**

TITLE ☐ DELETE

**SD
NAME
RAMELL, RICHARD
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH FL 33480**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

**TD
NAME
MORGAN, JAMES E JR.
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH FL 33480**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☒ DELETE

**D
NAME
BROBERG, PETER S
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH FL 33480**

6.1 TITLE ☒ Change ☐ Addition

**ED
NAME
CLEARY, MARTHA C.
STREET ADDRESS
45 COCOANUT ROW
CITY-STATE-ZIP
PALM BEACH, FL 33480**

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:

MARTHA C. CLEARY - MARTHA C. CLEARY, EXEC. DIR. 2/12/96 (407) 655-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)