

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90192 003 ****61.25

DOCUMENT # 746554

1. Corporation Name

PALM BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business

45 COCOANUT ROW
PALM BEACH FL 33480

Mailing Address

45 COCOANUT ROW
PALM BEACH FL 33480

484340 - 90192 - 3



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

04/03/1979

4. FEI Number

59-0389290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CLEARY, MARTHA C.
45 COCOANUT ROW
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME MAUS, JOHN G.
STREET ADDRESS 312 WORTH AVE
CITY-ST-ZIP PALM BCH FL

TITLE TD ☒ DELETE
NAME MORGAN, JAMES E., JR.
STREET ADDRESS 6607 PAMELA LANE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE P ☐ DELETE
NAME NEWMAN, JESSE D
STREET ADDRESS 1515 N OCEAN WAY
CITY-ST-ZIP PALM BCH FL

TITLE VP ☐ DELETE
NAME BROOKS, WILLIAM J.
STREET ADDRESS 622 N FLAGLER DR
CITY-ST-ZIP W PALM BCH FL

TITLE ED ☐ DELETE
NAME CLEARY, MARTHA C.
STREET ADDRESS 45 COCOANUT ROW
CITY-ST-ZIP PALM BCH FL

TITLE SD ☐ DELETE
NAME SEMADENI, DAVID K.
STREET ADDRESS 230 ROYAL PALM WAY, STE 403
CITY-ST-ZIP PALM BEACH FL 33480

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME TD
2.3 STREET ADDRESS LEONE, PAUL N., CPA
2.4 CITY-ST-ZIP THE BREAKERS
ONE SOUTH COUNTY ROAD
PALM BEACH, FL 33480

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARTHA C. CLEARY* (MARTHA C. CLEARY)

4/27/99

(561)655-3282

CR2E037 (11/98)