

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90350 037 ****61.25

DOCUMENT # N94000005826

1. Entity Name
PALM BEACH CHAMBER OF COMMERCE FOUNDATION,
INC.



Principal Place of Business
45 COCOANUT ROW
PALM BEACH, FL 33480

Mailing Address
45 COCOANUT ROW
PALM BEACH, FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0540824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, LAUREL
45 COCOANUT ROW
PALM BEACH, FL 33480

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE VP
NAME SCAFF, DAVID H
STREET ADDRESS 255 S. COUNTY RD.
CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Delete

TITLE RD
NAME WHITACRE, PHIL
STREET ADDRESS 44 COCOANUT ROW M-201
CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Delete

TITLE D
NAME MAUS, JOHN G.
STREET ADDRESS 372 WORTH AVE.
CITY-ST-ZIP PALM BEACH, FL ☐ Delete

TITLE DV
NAME LEONE, PAUL N CPA
STREET ADDRESS THE BREAKERS, ONE SOUTH COUNTY RD
CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Delete

TITLE ED
NAME BAKER, LAUREL
STREET ADDRESS 45 COCOANUT ROW
CITY-ST-ZIP PALM BEACH, FL ☐ Delete

TITLE T
NAME THOMAS, DANA
STREET ADDRESS 324 NORTH LAKESIDE CT.
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/05 561,
155.3282