

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746554

**Entity Name:** PALM BEACH CHAMBER OF COMMERCE, INC.

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC1221922852**

**Current Principal Place of Business:**

400 ROYAL PALM WAY  
SUITE 106  
PALM BEACH, FL 33480

**Current Mailing Address:**

400 ROYAL PALM WAY  
SUITE 106  
PALM BEACH, FL 33480

**FEI Number:** 59-0389290

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAKER, LAUREL T  
400 ROYAL PALM WAY  
SUITE 106  
PALM BEACH, FL 33480 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ED, SECRETARY  
Name BAKER, LAUREL  
Address 400 ROYAL PALM WAY, STE. 106  
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT  
Name HEDRICK, DALE R  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name CELEDINAS, RAY  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title VP  
Name VAN DE WATER, AVA  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name BEERTHUIS, KIRK  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name BESSENROTH, MARGRIT  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title TREASURER  
Name BRADBURN, CARRIE  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name STAUDT, JILL  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAUREL T BAKER

**SECRETARY/EXECUTIVE** 03/16/2017  
**DIRECTOR**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name WILDE, MICHELE  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name KRAUP, GUSTAV  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name KERWIN, ASHLEY  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name O'DONNELL, CAREY  
Address 400 ROYAL PALM WAY  
SUITE 106  
City-State-Zip: PALM BEACH FL 33480