## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 760727** 

INC.

Entity Name: GREATER WEST PALM BEACH CHAMBER OF COMMERCE,

**Current Principal Place of Business:** 

401 N FLAGLER DR.

W. PALM BEACH, FL 33401

**Current Mailing Address:** 

401 N FLAGLER DR.

W. PALM BEACH, FL 33401 US

FEI Number: 59-0504407 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURGESS, DONALD 401 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401 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: DONALD BURGESS 05/01/2023

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PAST CHAIRMAN** Title GENERAL COUNSEL Name BONE, BILL Name GOBEO, DAVID Address 401 N FLAGLER DR. Address 401 N FLAGLER DR.

City-State-Zip: W. PALM BEACH FL 33401 City-State-Zip: W. PALM BEACH FL 33401

**TREASURER** Title **PRESIDENT** Title

Name JOHNSON, JAMES Name BURGESS, DONALD Address 401 N FLAGLER DR. Address 401 N FLAGLER DR.

City-State-Zip: W. PALM BEACH FL 33401 City-State-Zip: W. PALM BEACH FL 33401

Title **INCOMING CHAIRMAN** Title CHAIRMAN

Name LEA, KIMBERLY Name DIFFENDERFER, ROBERT Address 401 N FLAGLER DR. Address 401 N FLAGLER DR.

City-State-Zip: W. PALM BEACH FL 33401 City-State-Zip: W. PALM BEACH FL 33401

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: DONALD BURGESS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

05/01/2023

**FILED** May 01, 2023

**Secretary of State** 

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