

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N97000004954

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

**FILED**  
**Jun 17, 2014**  
**Secretary of State**  
**CC3907985595**

**Current Principal Place of Business:**

5520 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

5520 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 65-0784996

**Certificate of Status Desired:** No

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

KIGEL, BETH  
5520 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS, FL 33418 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 DIRECTOR  
Name MONTGOMERY, KEN  
Address 6231 WOOD LAKE ROAD  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name HOLMES, MARK  
Address 393 TEQUESTA DRIVE  
City-State-Zip: JUPITER FL 33458

Title PRESIDENT  
Name BRUNSON, JANICE  
Address 5460 S. CENTRAL BLVD.  
City-State-Zip: JUPITER FL 33458

Title VICE PRESIDENT  
Name MOBBERLY, NANCY  
Address 601 HERITAGE DRIVE, SUITE 154  
City-State-Zip: JUPITER FL 33458

Title SECRETARY  
Name D'AMICO, PHILLIP  
Address 5150 117TH COURT, NORTH  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER  
Name THOMSON, REGINA  
Address 1315 W. INDIANTOWN ROAD  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name KIGEL, BETH  
Address 5520 PGA BOULEVARD  
SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name BURGER, MARK  
Address PO BOX 2342  
City-State-Zip: WEST PALM BEACH FL 33402

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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:** BETH KIGEL

**REGISTERED AGENT**

**06/17/2014**

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GARVIN, JOHN  
Address 143 ENNIS LANE  
City-State-Zip: JUPITER FL 33458