

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004954

Entity Name: PALM BEACH NORTH CHAMBER OF COMMERCE
FOUNDATION, INC.**FILED**
Feb 14, 2022
Secretary of State
8937896003CC**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:** Yes**Name and Address of Current Registered Agent:**MARTINEZ, NOEL
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:** NOEL MARTINEZ

02/14/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name D'AMICO, PHILLIP
Address 5150 117TH COURT, NORTH
City-State-Zip: PALM BEACH GARDENS FL 33418**Title** DIRECTOR
Name MURRELL, RICK
Address 5 EAST 11TH STREET
City-State-Zip: RIVIERA BEACH FL 33404**Title** SECRETARY, TREASURER
Name DENT, PATTI
Address PO BOX 2410
City-State-Zip: JUPITER FL 33468**Title** DIRECTOR
Name MARTINEZ, NOEL
Address 5520 PGA BOULEVARD
SUITE 200
City-State-Zip: PALM BEACH GARDENS FL 33418
Title DIRECTOR
Name KING, LAURA
Address 4280 PROFESSIONAL CENTER DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410
Title PRESIDENT
Name TAYLOR, ROBERT
Address 110 BRIDGE RD
City-State-Zip: TEQUESTA FL 33469

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: NOEL MARTINEZ

CEO

02/14/2022

Electronic Signature of Signing Officer/Director Detail

Date