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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **703214** **(7)**

1. Corporation Name

CHAMBER OF COMMERCE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
401 N FLAGLER DR. WEST PALM BEACH FL 33401	401 N FLAGLER DR. WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1961
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0504407 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRADY, DENNIS
401 N. FLAGLER DRIVE
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	[illegible]	11 TITLE	D	XX Change XX Addition
NAME	GOODLETT, DAVID	12 NAME	Donald Dawn	
STREET ADDRESS	330 CLEMATIS ST #207	13 STREET ADDRESS	777 S. Flagler Drive S. 300	
CITY ST ZIP	W PALM BEACH FL	14 CITY ST ZIP	W. Palm Beach,Fl 33401	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	GRADY, DENNIS	22 NAME		
STREET ADDRESS	401 N. FLAGER DR.	23 STREET ADDRESS		
CITY ST ZIP	W PALM BCH, FL 00000	24 CITY ST ZIP		
TITLE	D	31 TITLE	D	XX Change XX Addition
NAME	[illegible]	32 NAME	Patricia Lowry	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	777 S. Flagler Drive S 1900	
CITY ST ZIP	[illegible]	34 CITY ST ZIP	W. Palm Beach, Fl 33401	
TITLE	D	41 TITLE		☐ Change XX Addition
NAME	PRUITT, WILLIAM E	42 NAME	V/D	
STREET ADDRESS	505 S FLAGLER DR., #400	43 STREET ADDRESS		
CITY ST ZIP	W PALM BEACH FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SACHS, PETER	52 NAME		
STREET ADDRESS	505 S FLAGLER DR #1100	53 STREET ADDRESS		
CITY ST ZIP	W PALM BEACH FL	54 CITY ST ZIP		
TITLE	[illegible]	61 TITLE	P/D	XX Change ☐ Addition
NAME	FARES, PATRICIA	62 NAME		
STREET ADDRESS	P O BOX 6552 NA	63 STREET ADDRESS		
CITY ST ZIP	LAKE WORTH FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5-1-95 407-833-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010741