

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified
11/15/1961

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-0504407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME DAWN, DONALD
STREET ADDRESS 777 S FLAGLER DRIVE S, 300
CITY-ST-ZIP W PALM BEACH FL

TITLE
NAME GRADY, DENNIS
STREET ADDRESS 401 N. FLAGLER DR.
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE
NAME LOWRY, PATRICIA
STREET ADDRESS 777 S FLAGLER DRIVE S, 1900
CITY-ST-ZIP W PALM BEACH FL

TITLE
NAME PRUITT, WILLIAM E
STREET ADDRESS 505 S FLAGLER DR., #400
CITY-ST-ZIP W PALM BEACH FL

TITLE
NAME SACHS, PETER
STREET ADDRESS 505 S FLAGLER DR #1100
CITY-ST-ZIP W PALM BEACH FL

TITLE
NAME FAREC, PATRICIA
STREET ADDRESS P O BOX 8552 NA
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE
1.2 NAME VD
1.3 STREET ADDRESS DAWN, DONALD
1.4 CITY-ST-ZIP 777 S. Flagler Drive S, 300
W. Palm Beach, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PD
4.2 NAME Pruitt, William E.
4.3 STREET ADDRESS 505 S. Flagler Drive 400
4.4 CITY-ST-ZIP W. Palm Beach, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D
6.2 NAME Staudinger, Richard
6.3 STREET ADDRESS 6400 Congress Ave. #2500
6.4 CITY-ST-ZIP Boca Raton, FL

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)