## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 12, 2005 8:00 am Secretary of State

1. Entity Name	MENT # 710179 BEACH CHAMBER OF COM	MERCE, INC.		04-12-2005 90130 036 ****61.25			
Principal Place of Business Mailing Address  1910 N.E. JENSEN BEACH BLVD.  JENSEN BEACH FL 34957  US  US  Mailing Address  1910 N.E. JENSEN BEACH JENSEN BEACH FL 3495 US							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PD Box 1536 Suite, Apt. #, etc.		1st MOORE	CR2E037 (10/0	4)	
City & State		City & State JENSEN BEACH FL		4. FEI Number   Applied For   Not Applicable			
Zip	Country	34958	Country	<u> </u>		\$8.75 Additional Fee Required	
	6. Name and Address of Current	<del></del>		7. Name and Address	of New Registered Agent		
1910	LINGHOUSE, J.DAVID O NE JENSEN BEACH BLVD	) :		Street Address (P.O. Box Number is Not Acceptable)			
JEN	SEN BEACH FL 34957		City	JENSEN B	SEACH BLVD		
8. The above	named entity submits this statement fo	r the purpose of changing its re	JENSEN	BEACH ered agent, or both, in the S	tate of Florida. I am familiar v	Code 57 1957 with, and accept	
1		STRATIVE DRECTOR		is Weler	4/1/05		
	Signature, typed or printed name & registered agent FILE NOW:: FEE IS: \$61:25 - Due:By:May 1; 2005	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be Added to Fees	Make Check Payal Florida Department	of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII BYP PRESIDENT SIMONEAU, TAMMY 1910 NE JENSEN BEACH BLVD JENSEN BEACH FL 34956	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO	□ Chai		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P INGRAHAM, ZRIE L 949 NE JENSEN BCH BLVD JENSEN BEACH FL 34957	<b>₽</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	inge Addition	
TITLE	Т	Delete	TITLE		Cha	inge Addition	
STREET ADDRESS CITY-ST-ZIP	COPELAND, LAURIE 33 FLAGLER AVE STUART FL 34994		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EGAN, CHRIS 10740 S OCEAN DRIV JENSEN BEACH FLE VICE PRESIDENT	Delete 1E 3.49.57	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	g grade and a	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	under and the second	Cha	ange Addition	
NAME STREET ADDRESS CITY-ST-2IP	Taglika mitority gordonia	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange 🗍 Addition	
12. I hereby	certify that the information supplied wit	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida	Statutes. I further certify that	the information	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Hithier certification indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNATURE OF DIRECTOR

4/6/05

(772)349-4070