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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721601** (3)

1. Corporation Name

**GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

CHAMBER OF COMMERCE INC  
64 SE FIFTH AVE  
DELRAY BEACH FL 33483-5302

CHAMBER OF COMMERCE INC  
64 SE FIFTH AVE  
DELRAY BEACH FL 33483-5302

3. Date Incorporated or Qualified

**08/30/1971**

4. FEI Number

**59-0581716**

Applied For  
Not Applicable

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, WILLIAM J.**  
**64 SE 5TH AVE**  
**DELRAY BEACH FL 33483**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **JANARO, JERRY**  
STREET ADDRESS **5858 HERITAGE PARK WAY**  
CITY-ST-ZIP **DELRAY BCH, FL 0**

TITLE **VD** ☐ DELETE  
NAME **BROW, BONNIE**  
STREET ADDRESS **915 HIBISCUS LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **V** ☐ DELETE  
NAME **TITCOMB, JAMIE**  
STREET ADDRESS **3842 OLD N DIXIE HWY**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☒ DELETE  
NAME **HENNINGER, DAVE**  
STREET ADDRESS **135 C CONGRESS AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **C** ☐ DELETE  
NAME **SIMMS, SUSIE**  
STREET ADDRESS **1145 E ATLANTIC AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **P** ☐ DELETE  
NAME **WOOD, WILLIAM J.**  
STREET ADDRESS **64 SE 5TH AVE**  
CITY-ST-ZIP **DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☐ Change ☒ Addition  
1.2 NAME **SHEREMETA, RICHARD**  
1.3 STREET ADDRESS **101 SE 6TH AVE**  
1.4 CITY-ST-ZIP **DELRAY BEACH FL 33483**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **DV** ☐ Change ☒ Addition  
4.2 NAME **McKINNEY, FRANK**  
4.3 STREET ADDRESS **72 SE 16TH AVE**  
4.4 CITY-ST-ZIP **DELRAY BEACH FL 33483**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **6504 CONTEMPO LANE**  
5.4 CITY-ST-ZIP **BOCA RATON FL 33433**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

*William J. Wood*

**WILLIAMS WOOD**

**4/16/98 (561) 278-0484**

CR2E037 (10/97)