

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

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DOCUMENT # 721601

1. Corporation Name

GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/30/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0581716

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees.

24

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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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME SHEREMETA, RICHARD
STREET ADDRESS 101 SE 6TH AVE
CITY-ST-ZIP DELRAY BCH, FL 0 33483

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BROW, BONNIE
STREET ADDRESS 915 HIBISCUS LANE
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE D
NAME TITCOMB, JAMIE
STREET ADDRESS 3842 OLD N DIXIE HWY
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE DV
NAME MCKINNEY, FRANK
STREET ADDRESS 72 SE 6TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33483

4.1 TITLE C
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SIMMS, SUSIE
STREET ADDRESS 6504 CONTEMPO LN
CITY-ST-ZIP BOCA RATON FL 33433

5.1 TITLE DV
5.2 NAME KIRK, ROGER
5.3 STREET ADDRESS 2815 S. Seacrest Blvd
5.4 CITY-ST-ZIP BOYNTON BEACH FL 33435

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

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, with all other like empowered.

SIGNATURE:

W. J. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 278-0424

CR2E037 (11/98)