# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2004**
**Secretary of State**

DOCUMENT# 721601

**Entity Name:** GREATER DELRAY BEACH CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

CHAMBER OF COMMERCE INC
64 SE FIFTH AVE
DELRAY BEACH, FL 334835302

**New Principal Place of Business:**

**Current Mailing Address:**

CHAMBER OF COMMERCE INC
64 SE FIFTH AVE
DELRAY BEACH, FL 334835302

**New Mailing Address:**

**FEI Number: 59-0581716** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | ELLIS, RITA | |
| Address: | 1900 MCNAB AVENUE | |
| City-St-Zip: | DELRAY BEACH, FL 33444 | |
| Title: | D | ( ) Delete |
| Name: | BROW, BONNIE, | |
| Address: | 915 HIBISCUS LANE | |
| City-St-Zip: | DELRAY BEACH, FL | |
| Title: | C | ( ) Delete |
| Name: | MOORE, JOSEPH P | |
| Address: | 161 NE 5TH AVE STE A | |
| City-St-Zip: | DELRAY BEACH, FL 33483 | |
| Title: | D | ( ) Delete |
| Name: | REAGAN, NANCY | |
| Address: | 777 E ATLANTIC AVENUE | |
| City-St-Zip: | DELRAY BEACH, FL 33483 | |
| Title: | D | ( ) Delete |
| Name: | KIRK, ROGER | |
| Address: | 2815 S. SEACREST BLVD | |
| City-St-Zip: | BOCA RATON, FL 33435 | |
| Title: | P | ( ) Delete |
| Name: | WOOD, WILLIAM J., | |
| Address: | 64 SE 5TH AVE | |
| City-St-Zip: | DELRAY BEACH, FL 33483 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J WOOD P 04/26/2004

Electronic Signature of Signing Officer or Director — Date