


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750882 (3)
1. Corporation Name
GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.



Principal Place of Business 1702 LAKE WORTH ROAD LAKE WORTH FL 33460	Mailing Address 1702 LAKE WORTH ROAD LAKE WORTH FL 33460-3627
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 02/01/1980	3a. Date of Last Report 03/25/1996
4. FEI Number 59-0324308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JORDAN, EMORY C., III
2601 TENTH AVENUE NORTH
SUITE 314
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FOLEY, EDWARD	
STREET ADDRESS	716 SOUTH K STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FOLEY, EDWARD	
STREET ADDRESS	716 SOUTH "K" STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GAY-ELFRETH, MARY	
STREET ADDRESS	505 SOUTH FLAGLER SUITE 1460	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SOMMERVILLE, JERRY	
STREET ADDRESS	525 SOUTH FLAGLER DRIVE #1	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	UNDERWOOD, TOM	
STREET ADDRESS	1121 LAKE AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	CAIN, ROBERT	
STREET ADDRESS	1702 LAKE WORTH ROAD	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Gay Elfeth	
1.3 STREET ADDRESS	1120 C. Parkside Green	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Cunningham "D"	
2.3 STREET ADDRESS	225 S. Dixie Highway	
2.4 CITY-ST-ZIP	Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cindy Maunder "D"	
3.3 STREET ADDRESS	651 Industrial Way	
3.4 CITY-ST-ZIP	Boynton Beach, FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jerry Somerville "D"	
4.3 STREET ADDRESS	525 S. Flagler Drive, #1	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	Past President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ed Foley "D"	
5.3 STREET ADDRESS	1509 Barton Road	
5.4 CITY-ST-ZIP	Lake Worth, FL 33460	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cain, Robert "D"	
6.3 STREET ADDRESS	1702 Lake Worth, FL	
6.4 CITY-ST-ZIP		

14. I do 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 _____ **DATE** _____

CR2E037 (9/96)