


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
--	--

3. Date Incorporated or Qualified 02/01/1980
4. FEI Number 59-0324308
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 811 Lucerne Ave Suite, Apt. #, etc. 22 City & State 23 Lake Worth, FL Zip 24 33460	2a. Mailing Address 25 811 Lucerne Ave Suite, Apt. #, etc. 26 City & State 27 Lake Worth, FL Zip 28 33460
--	---

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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	NAME
STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	
PD	ELFRETH, MARY GAY
1120 C. PARKSIDE GREEN	WEST PALM BEACH FL
<input type="checkbox"/> DELETE	
VP	CUNNINGHAM, PAUL
225 S. DIXIE HWY.	LAKE WORTH FL
<input type="checkbox"/> DELETE	
VPD	MAUNDER, CINDY
651 INDUSTRIAL WAY	BOYNTON BEACH FL
<input type="checkbox"/> DELETE	
T	SUMMERVILLE, JERRY
525 S. FLAGLER DR., #1	WEST PALM BEACH FL
<input type="checkbox"/> DELETE	
D	FOLEY, ED
1509 BARTON RD.	LAKE WORTH FL
<input checked="" type="checkbox"/> DELETE	
D	CAIN, ROBERT
1702 LAKE WORTH ROAD	LAKE WORTH FL
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	← Same as left
1.3 STREET ADDRESS	"
1.4 CITY-ST-ZIP	"
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	← Same as left
2.3 STREET ADDRESS	"
2.4 CITY-ST-ZIP	"
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	1st Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sommerville, Jerry
4.3 STREET ADDRESS	← Same as left
4.4 CITY-ST-ZIP	"
5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MERVAK, GARY
5.3 STREET ADDRESS	5301 S. Congress Ave
5.4 CITY-ST-ZIP	Atlanta, FL 33462
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ 7/13/98

CR2E037 (10/97)