


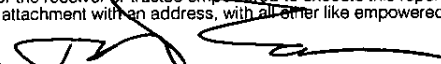


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90004 014 ****61.25

DOCUMENT # 750882 1. Entity Name GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.					
Principal Place of Business 811 LUCERNE AVENUE LAKE WORTH, FL 33460 US			Mailing Address 811 LUCERNE AVENUE LAKE WORTH, FL 33460 US		
2. Principal Place of Business 807 Lucerne Ave Suite, Apt. #, etc.		3. Mailing Address 807 Lucerne Ave Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">54055-137</div> 	
City & State Lake Worth FL		City & State Lake Worth FL		4. FEI Number 59-0324308	
Zip 33460		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, EMORY C III 2875 S OCEAN BLVD SUITE 200 LAKE WORTH, FL 33480				7. Name and Address of New Registered Agent Name Tom Ramiccio Street Address (P.O. Box Number is Not Acceptable) 807 Lucerne Ave City Lake Worth FL Zip Code 33460	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 60%;"> DATE _____ </div> </div>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHELLING, MICHAEL 9 NORTH O STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Lisa Dever 6651 Lake Worth Road Lake Worth FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VESPO, DAVE 412 LUCERNE AVE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Vespo, Dave 412 Lucerne Ave Lake Worth, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CLORE, CAROLINE 409 LAKE AVENUE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Roger Manning 128 So. Dixie Hwy Lake Worth FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FLETCHER, CYNTHIA 2875 S. OCEAN BLVD #2 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <div style="font-size: 1.5em; font-family: cursive;">9/19/04</div> <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>					

Tom

Dave