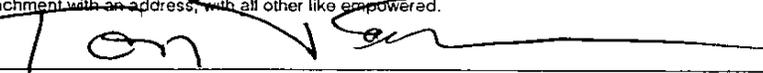


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90002 039 ****61.25

DOCUMENT # 750882 1. Entity Name GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.					
Principal Place of Business 807 LUCERNE AVENUE LAKE WORTH FL 33460 US		Mailing Address 807 LUCERNE AVENUE LAKE WORTH FL 33460 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMICCIO, Tom Tom 807 LUCERNE AVE LAKE WORTH FL 33460				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVER, LISA				NAME
STREET ADDRESS	6651 LAKE WORTH RD				STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL 33467				CITY-ST-ZIP
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESPO, DAVE				NAME
STREET ADDRESS	412 LUCERNE AVE				STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL 33460				CITY-ST-ZIP
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLORE, CAROLINE				NAME
STREET ADDRESS	409 LAKE AVENUE				STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL 33460				CITY-ST-ZIP
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, ROGER				NAME
STREET ADDRESS	128 SO DIXIE HWY				STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL 33460				CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	
				Daytime Phone #	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-0324308** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required