

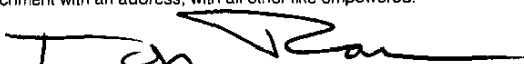


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 034 ****61.25

DOCUMENT # 750882 1. Entity Name GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.					
Principal Place of Business 807 LUCERNE AVENUE 501 LAKE AVE 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. 501 LAKE AVE		Suite, Apt. #, etc.		02162006 Chg-NP CR2E037 (11/05)	
City & State LAKE WORTH, FL 3		City & State		4. FEI Number 59-0324308	
Zip 33460		Country PBC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMICCIO, TOM 807 LUCERNE AVE 501 LAKE AVE LAKE WORTH, FL 33460				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	V DEVER, LISA 6651 LAKE WORTH RD LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOM RAMICCIO 501 LAKE AVENUE LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VESPO, DAVE 412 LUCERNE AVE LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN ROGER MANNING 128 S DIXIE HWY LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLORE, CAROLINE 409 LAKE AVENUE LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN DAN PERRIN 3041 KIRK RD LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MANNING, ROGER 128 SO DIXIE HWY LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN ROGER STERNMAN 702 LAKEVIEW DR LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MAURA HENNESSY 10 S ST LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 2/10/06 386-7812 </div> <small>Date Daytime Phone #</small>		