2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750882

FILED Jan 07, 2008 Secretary of State

Entity Name: GREATER LAKE WORTH CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
501 LAKE A LAKE WOR	AVE RTH, FL 33460	US			
Current Mailing Address:			New Mailir	New Mailing Address:	
501 LAKE A LAKE WOR	NVE RTH, FL 33460	US			
FEI Number:	59-0324308	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
RAMICCIO, TOM 501 LAKE AVE LAKE WORTH, FL 33460 US					
The above in the State		bmits this statement for the pur	pose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () E RAMICCIO, TOM 501 LAKE AVENU LAKE WORTH, F	JE	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	PSTC () E MANNING, ROGE 1937 10TH AVE N LAKE WORTH, F	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHR () E PERRIN, DAN 3041 KIRK RD LAKE WORTH, F	Delete L 33460	Title: Name: Address: City-St-Zip:	CHR (X) Change () Addition PERRINL, DAN 501 LAKE AVE LAKE WORTH, FL 33460	
Title: Name: Address: City-St-Zip:	1VC () E STJERNVALL, RO 702 LAKESIDE D LAKE WORTH, F	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	2VC () E IQBAL, JAVAID 2215 N MILITARY WEST PALM BEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/TR () E SILIO, ROB 1194 OLD DIXIE LAKE PARK, FL		Title: Name: Address: City-St-Zip:	S/TR (X) Change () Addition FINNELL, JENNIFER 501 LAKE AVE LAKE WORTH, FL 33460	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM RAMICCIO PRES 01/07/2008