

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31863 (6)

1. Corporation Name
PALM BAY AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business: **1153 MALABAR RD NE STE 18 INTERCHANGE SQUARE PALM BAY FL 32907**
Mailing Address: **1153 MALABAR RD NE STE 18 INTERCHANGE SQUARE PALM BAY FL 32907**

3. Date Incorporated or Qualified: **04/20/1989** 3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-2991587** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**TORPY, RICHARD
1153 MALABAR RD NE
SUITE 18
PALM BAY FL 32907**

10. Name and Address of New Registered Agent
**81 Name: Dr. Frank Filiberto, MD
82 Street Address (P.O. Box Number is Not Acceptable): 1153 Malabar Road, NE, #18
83
84 City: Palm Bay FL 85 Zip Code: 32907**

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: **Dr. Frank Filiberto - Pres.** DATE: **6/19/96**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, BRAD	
STREET ADDRESS	5205 BABCOCK ST NE 6	
CITY-ST-ZIP	PALM BAY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TORPHY, RICHARD	
STREET ADDRESS	930 S HARBOR CITY BLVD SUITE 505	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RODIER, CAROL	
STREET ADDRESS	1153 MALABAR RD NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Frank Filiberto	
1.3 STREET ADDRESS	1153 Malabar Road, NE, #18	
1.4 CITY-ST-ZIP	Palm Bay, Florida 32907	
2.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nancy Campfield	
2.3 STREET ADDRESS	430 Buffum Avenue, NE	
2.4 CITY-ST-ZIP	Palm Bay, Florida 32907	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Reimond	
3.3 STREET ADDRESS	750 Highland Avenue, NW	
3.4 CITY-ST-ZIP	Palm Bay, Florida 32907	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Marcella White Administrator** DATE: **5/30/96** DAYTIME PHONE #: **407/951-9998**

CR2E037 (12/95)