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**Apr 07 1997 8:00am**  
**Secretary of State**



**NONPROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # N31863 (6)**

1. Corporation Name

**PALM BAY AREA CHAMBER OF COMMERCE, INC.**



Principal Place of Business

Mailing Address

1153 MALABAR RD NE STE 18  
 INTERCHANGE SQUARE  
 PALM BAY FL 32907

1153 MALABAR RD NE STE 18  
 INTERCHANGE SQUARE  
 PALM BAY FL 32907-3264

3. Date Incorporated or Qualified

04/20/1989

3a. Date of Last Report

06/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2991587

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILIBERTO, FRANK MD  
 1153 MALABAR RD NE  
 SUITE 18  
 PALM BAY FL 32907

81 Name

HANK SIMON

82 Street Address (P.O. Box Number is Not Acceptable)

481 TOPEKA RD., SW

83

84 City

PALM BAY

FL

85 Zip Code

32908

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

*[Signature]*

Signature of and or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/20/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FILIBERTO, DR. FRANK	
STREET ADDRESS	1153 MALABAR ROAD, NE, #18	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CAMPFIELD, NANCY	
STREET ADDRESS	430 BUFFUM AVENUE, NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	REDMOND, MARY	
STREET ADDRESS	750 HIGHLAND AVENUE, NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M. David Moallem	
1.3 STREET ADDRESS	981 Mandarin Dr., NE	
1.4 CITY-ST-ZIP	Palm Bay FL 32905	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice-President VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gil Carlson	
3.3 STREET ADDRESS	2412 Malabar Lakes Dr., NE	
3.4 CITY-ST-ZIP	Palm Bay FL 32905	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

PH: 407-951-9998

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANK SIMON, EXECUTIVE DIRECTOR 3/11/97

Date

Daytime Phone # 001835

CR2E037 (9/96)