


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90082 009 ****61.25

DOCUMENT # N31863

1. Entity 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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

01272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2991587

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, HANK
 481 TOPEKA RD SW
 SUITE 18
 PALM BAY, FL 32908**

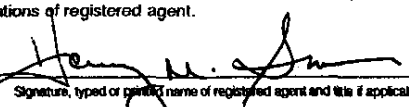
7. Name and Address of New Registered Agent

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  DATE: **FEBRUARY 2, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
 Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution... **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SMITH, CHERYL | |
| STREET ADDRESS | 1766 CANOVA ST SE | |
| CITY-ST-ZIP | PALM BAY, FL 32909 | |
| TITLE | PC | <input type="checkbox"/> Delete |
| NAME | SHERBIN, STEPHEN | |
| STREET ADDRESS | 751 NORTH DR #B | |
| CITY-ST-ZIP | MELBOURNE, FL 32934 | |
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | MAYNARD, SHARON | |
| STREET ADDRESS | 1150 MALABAR RD SE # 119 | |
| CITY-ST-ZIP | PALM BAY, FL 32907 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BEDWELL, ANITA | |
| STREET ADDRESS | 578 BALCOM TERR ST | |
| CITY-ST-ZIP | PALM BAY, FL 32909 | |
| TITLE | 1VCD | <input type="checkbox"/> Delete |
| NAME | HOLEMAN, VAUGHN | |
| STREET ADDRESS | 2101 S WAVERLY PL STE 100 | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLEMAN, VAUGHN | |
| STREET ADDRESS | 2101 S WAVERLY PL STE 100 | |
| CITY-ST-ZIP | MELBOURNE, FL 32901 USA | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, CHERYL | |
| STREET ADDRESS | 1766 CANOVA ST SE | |
| CITY-ST-ZIP | PALM BAY, FL 32909 USA | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CEC | |
| STREET ADDRESS | 828 MALABAR ROAD SE | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SD | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1VCD HAZLETT, MICHAEL | |
| STREET ADDRESS | 1500 MAIN STREET NE | |
| CITY-ST-ZIP | PALM BAY, FL 32905 USA | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TD THOMAS, DIANA | |
| STREET ADDRESS | 2421 STRATFORD POINTE DRIVE | |
| CITY-ST-ZIP | W MELBOURNE, FL 32909 USA | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  VAUGHN HOLEMAN FEBRUARY 2, 2004 321.768.7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #