

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90452 015 ****61.25

DOCUMENT # N31863

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



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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 *Hank Simon CEO* DATE **4/14/03**

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

FILE NOW: FEE IS \$61.25

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	VCD	<input type="checkbox"/> Delete
NAME	SMITH, CHERYL	
STREET ADDRESS	1766 CANOVA ST SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	DOMONOUSKY, NANCY	
STREET ADDRESS	765 SE SEVEN GABLES CIR	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SHERBIN, STEPHEN	
STREET ADDRESS	751 NORTH DR #8	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	SD	<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	VCD	<input type="checkbox"/> Delete
NAME	HOLEMAN, VAUGHN	
STREET ADDRESS	2101 S WAVERLY PL STE 100	
CITY-ST-ZIP	MELBOURNE FL 32901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1ST VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Cheryl Smith*

4-15-03 (321)951-9998

CR2E037 (10/02)