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CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 26 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33742 (0)

1. Corporation Name

CENTRAL PALM BEACH COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

6728 FOREST HILL BLVD.
WEST PALM BEACH FL 33413

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WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1989

3a. Date of Last Report

05/03/1994

4. FEI Number

65-0138942

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIAT, LISA
4704 LUCERNE LAKES BLVD., #201
LAKE WORTH FL 33467

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHIAT, LISA
STREET ADDRESS 4704 LUCERNE LAKES BLVD., #201
CITY - ST - ZIP LAKE WORTH FL 33467

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SONIA COOPER.
1.3 STREET ADDRESS 3800 WASHINGTON RD
1.4 CITY - ST - ZIP WEST PALM BEACH FL 33405

TITLE STD
NAME REGAN, JENNIFER
STREET ADDRESS 2080 BENNIE LANE
CITY - ST - ZIP WEST PALM BEACH FL 33415

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME LORRAINE F. REYNOLDS
2.3 STREET ADDRESS 401 TIMBERLANE CIRCLE
2.4 CITY - ST - ZIP GREENACRES FL 33463-8403

TITLE PD
NAME PATRICK, MICHAEL
STREET ADDRESS 4783 WIGGINS ROAD
CITY - ST - ZIP LAKE WORTH FL 33463

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(3)(b), 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, on an attachment with an address.

SIGNATURE: [Signature] MICHAEL G. PATRICK 1.20.95 407.964.7917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number