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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 12 1996 8:00 am  
Secretary of State

DOCUMENT # N33742 (0)

1. Corporation Name

CENTRAL PALM BEACH COUNTY CHAMBER OF COMMERCE, I  
NC.

Principal Place of Business

6728 FOREST HILL BLVD.  
WEST PALM BEACH FL 33413

Mailing Address

6728 FOREST HILL BLVD.  
WEST PALM BEACH FL 33413

3. Date Incorporated or Qualified  
08/15/1989

3a. Date of Last Report  
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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

81

Name

LORRAINE F. REYNOLDS

82

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

6728 FOREST HILL BLVD

83

84

City

W. PALM BEACH

FL

85

Zip Code

33413

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 617.0508, Florida Statutes.

SIGNATURE

*Lorraine F. Reynolds*

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

1-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD  
COOPER, SONIA  
3800 WASHINGTON RD.  
WEST PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

STD  
REYNOLDS, LORRAINE F.  
601 TIMBERLANE CIRCLE  
GREEN ACRES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

PD  
PATRICK, MICHAEL  
4783 WIGGINS ROAD  
LAKE WORTH FL 33463

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Lorraine F. Reynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

407-642-4060

Daytime Phone #

CR2E037 (12/95)