FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N94000005826 (2)

1. Corporate Name

PALM BEACH CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
45 COCOANUT ROW PALM BEACH FL 33480	45 COCOANUT ROW PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report:
4. FEI Number: 65-0540824 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROBERG, PETER S 45 COCOANUT ROW PALM BEACH FL 33480	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, JESSE D	12 NAME	
STREET ADDRESS	45 COCOANUT ROW	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BROOKS, WILLIAM J	22 NAME	
STREET ADDRESS	45 COCOANUT ROW	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DONAHUE, FRANKLIN W	32 NAME	
STREET ADDRESS	45 COCOANUT ROW	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	RAMPELL, RICHARD	42 NAME	
STREET ADDRESS	45 COCOANUT ROW	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	MORGAN, JAMES E JR.	52 NAME	
STREET ADDRESS	45 COCOANUT ROW	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BROBERG, PETER S	62 NAME	
STREET ADDRESS	45 COCOANUT ROW	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha C. Cleary / Martha C. Cleary 4/30/95 (407) 655-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013046