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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005826					
1. Corporation Name PALM BEACH CHAMBER OF COMMERCE FOUNDATION, INC.					
Principal Place of Business 45 COCOANUT ROW PALM BEACH FL 33480			Mailing Address 45 COCOANUT ROW PALM BEACH FL 33480		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/29/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0540824	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLEARY, MARTHA C 45 COCOANUT ROW PALM BEACH FL 33480				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 617.0503, 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 ☐ DELETE NAME NEWMAN, JESSE D STREET ADDRESS 45 COCOANUT ROW CITY-ST-ZIP PALM BEACH FL 33480				1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE VD ☐ DELETE NAME BROOKS, WILLIAM J STREET ADDRESS 45 COCOANUT ROW CITY-ST-ZIP PALM BEACH FL 33480				2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE VD ☐ DELETE NAME MAUS, JOHN G. STREET ADDRESS 45 COCOANUT ROW CITY-ST-ZIP PALM BEACH FL				3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE TD ☒ DELETE NAME MORGAN, JAMES E JR. STREET ADDRESS 45 COCOANUT ROW CITY-ST-ZIP PALM BEACH FL 33480				4.1 TITLE ☒ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE ED ☐ DELETE NAME CLEARY, MARTHA C. STREET ADDRESS 45 COCOANUT ROW CITY-ST-ZIP PALM BEACH FL				5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE SD ☐ DELETE NAME SEMADENI, DAVID K. STREET ADDRESS 45 COCOANUT ROW CITY-ST-ZIP PALM BEACH FL 33480				6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *MARTHA C. CLEARY* (MARTHA C. CLEARY)

4/27/99

(561) 655-3282

Date

Daytime Phone #

CR2E037 (11/98)