
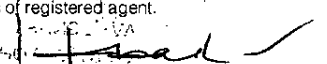
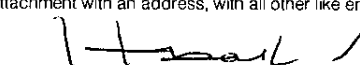


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90998 020 ****61.25

DOCUMENT # N94000005826 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAKER, LAUREL 45 COCOANUT ROW PALM BEACH, FL 33480				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/20/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAFF, DAVID H <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	255 S. COUNTY RD.			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP	
TITLE	PD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITACRE, PHIL <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	44 COCOANUT ROW M-201			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP	
TITLE	D			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUS, JOHN G. <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	372 WORTH AVE.			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL			CITY-ST-ZIP	
TITLE	DV			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, PAUL N CPA <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	THE BREAKERS, ONE SOUTH COUNTY RD			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP	
TITLE	ED			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, LAUREL <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	45 COCOANUT ROW			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL			CITY-ST-ZIP	
TITLE	T			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DANA <input type="checkbox"/> Delete			NAME	
STREET ADDRESS	233 SUNSET AVE. #200			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/20/04 DAYTIME PHONE # 561.655.3282	

94066301



02262004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0540824** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required