

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90401 047 ****61.25

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|---|--|--|---|--|--|
| 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 400 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 106 | | 3. Mailing Address 400 ROYAL PALM WAY Suite, Apt. #, etc. SUITE 106 | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0540824 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAKER, LAUREL 45 COCOANUT ROW PALM BEACH, FL 33480 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 ROYAL PALM WAY City FL Zip Code | | |
| 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. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME SCAFF, DAVID L STREET ADDRESS 265 S. COUNTY RD CITY-ST-ZIP PALM BEACH, FL 33480 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME DEAN BRENNENRIDGE STREET ADDRESS 132 ROYAL PALM WAY CITY-ST-ZIP PALM BEACH, FL 33480 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE - NAME WHITACRE, PHIL STREET ADDRESS 44 COCOANUT ROW M-201 CITY-ST-ZIP PALM BEACH, FL 33480 | <input type="checkbox"/> Delete | | TITLE S NAME - STREET ADDRESS - CITY-ST-ZIP - | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE - NAME MAUS, JOHN G. STREET ADDRESS 372 WORTH AVE. CITY-ST-ZIP PALM BEACH, FL | <input type="checkbox"/> Delete | | TITLE P NAME - STREET ADDRESS - CITY-ST-ZIP - | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE - NAME LEONE, PAUL N CPA STREET ADDRESS THE BREAKERS, ONE SOUTH COUNTY RD CITY-ST-ZIP PALM BEACH, FL 33480 | <input type="checkbox"/> Delete | | TITLE D NAME - STREET ADDRESS - CITY-ST-ZIP - | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE - NAME BAKER, LAUREL STREET ADDRESS 45 COCOANUT ROW CITY-ST-ZIP PALM BEACH, FL | <input type="checkbox"/> Delete | | TITLE - NAME - STREET ADDRESS 400 ROYAL PALM WAY CITY-ST-ZIP - | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE - NAME THOMAS, DANA STREET ADDRESS 324 NORTH LAKESIDE CT. CITY-ST-ZIP WEST PALM BEACH, FL 33407 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME J. CATER RANDOLPH, II STREET ADDRESS 340 ROYAL POINT UANA WAY CITY-ST-ZIP PALM BEACH, FL 33480 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> | | | | | |
| LAUREL T BAKER 5/1/06 561 655 3292 <small>Date Daytime Phone #</small> | | | | | |

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