

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005826

FILED
Apr 13, 2009
Secretary of State

Entity Name: PALM BEACH CHAMBER OF COMMERCE FOUNDATION, INC.

Current Principal Place of Business:

400 ROYAL PALM WAY
STE 106
PALM BEACH, FL 33480

New Principal Place of Business:

400 ROYAL PALM WAY
SUITE 106
PALM BEACH, FL 33480

Current Mailing Address:

400 ROYAL PALM WAY
STE 106
PALM BEACH, FL 33480

New Mailing Address:

400 ROYAL PALM WAY
SUITE 106
PALM BEACH, FL 33480

FEI Number: 65-0540824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, LAUREL
400 ROYAL PALM WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

BAKER, LAUREL T
400 ROYAL PALM WAY
SUITE 106
PALM BEACH, FL 33480 US

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.

SIGNATURE: LAUREL BAKER

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRENKENRIDGE, BEAU
Address: 132 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: WHITACRE, PHIL
Address: 44 COCOANUT ROW M-201
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: MAUS, JOHN G.
Address: 372 WORTH AVE.
City-St-Zip: PALM BEACH, FL

Title: ED () Delete
Name: BAKER, LAUREL
Address: 400 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL

Title: D (X) Delete
Name: RANDOLPH, J. CATER II
Address: 340 ROYAL POINANA WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENDERSON, PAM
Address: 300 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change () Addition
Name: BRECKENRIDGE, BEAU
Address: 132 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change () Addition
Name: RANDOLPH, J. CATER II
Address: 340 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL BAKER

ED

04/13/2009

Electronic Signature of Signing Officer or Director

Date