

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 22 1997 8:00am
Secretary of State

DOCUMENT # **N95000002529 (4)**

1. Corporation Name

BRITISH AMERICAN CHAMBER OF COMMERCE OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

**SUITE 328, 4521 PGA BOULEVARD
PALM BEACH GARDENS FL 33418**

**SUITE 328, 4521 PGA BOULEVARD
PALM BEACH GARDENS FL 33418-3967**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report
06/02/1996

4. FEI Number

APPLIED FOR 63-0648943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

**BAILEY, LESLIE J
SUITE 328, 4521 PGA BOULEVARD
PALM BEACH GARDENS FL 33418**

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 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 **D** ☐ DELETE
NAME **WRIGHT, COLIN**
STREET ADDRESS **1000 AVENUE OF CHAMPIONS**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33411**

1.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
1.2 NAME **BAILEY, LESLIE J.**
1.3 STREET ADDRESS **12911 DRAVTON RD**
1.4 CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **D** ☐ DELETE
NAME **SETFORD, DAVID**
STREET ADDRESS **1451 S. OLIVE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BRANSON, ROBBIE**
STREET ADDRESS **4049 BRANDON DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SILCOX, PETER**
STREET ADDRESS **1665 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TREDWELL, KATHY**
STREET ADDRESS **810 SOUTH LAKESIDE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33460**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MOORE, GEORGE C J**
STREET ADDRESS **812 CITIZENS BLDG. 105 S. NARCISSUS AVE.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

LESLIE J. BAILEY **MAY 28 97** **561-624-897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041489

CR2E037 (9/96)