
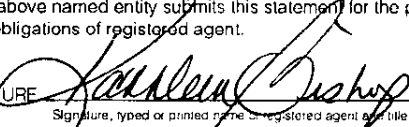
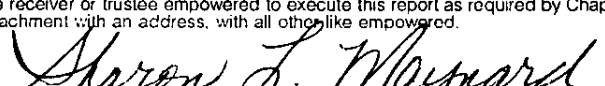


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90096 012 \*\*\*\*70.00

<b>DOCUMENT # N99000006380</b> 1. Entity Name <b>PALM BAY AREA CHAMBER OF COMMERCE FOUNDATION, INC.</b>			
Principal Place of Business <b>1153 MALABAR ROAD NE SUITE 18 PALM BAY FL 32907</b>		Mailing Address <b>1153 MALABAR ROAD NE SUITE 18 PALM BAY FL 32907</b>	
2. Principal Place of Business - No P.O. Box # <b>4100 Dixie Hwy NE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4100 Dixie Hwy NE</b> Suite, Apt. #, etc.	
City & State <b>Palm Bay FL</b> Zip <b>32905</b>		City & State <b>Palm Bay FL</b> Zip <b>32905</b>	
Country <b>BREVARD</b>		Country <b>BREVARD</b>	
4. FEI Number <b>59-3612933</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent <b>MAYNARD, SHARON 1153 MALABAR ROAD NE SUITE 18 PALM BAY FL 32907</b>		7. Name and Address of New Registered Agent Name <b>Kathleen Bishop</b> Street Address (P.O. Box Number is Not Acceptable) <b>4100 Dixie Hwy NE</b> City <b>Palm Bay</b> <b>FL</b> Zip Code <b>32905</b>	
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  (NOTE: Registered Agent signature required when re-registering) DATE			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>SECRETARY TO</b> <input type="checkbox"/> Delete	NAME <b>MAYNARD, SHARON</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>828 MALABAR ROAD SE</b>	CITY - ST - ZIP <b>PALM BAY FL 32907</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VC/D</b> <input checked="" type="checkbox"/> Delete	NAME <b>ALLGOOD, NOEL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>438 MARTIN ROAD SE</b>	CITY - ST - ZIP <b>PALM BAY FL 32909</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b> <input checked="" type="checkbox"/> Delete	NAME <b>SMITH, CHERYL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1766 CANOVA STREET SE</b>	CITY - ST - ZIP <b>PALM BAY FL 32909</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Vice Chair</b> <input type="checkbox"/> Delete	NAME <b>WHITE, BARRY</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2101 WAVERLY PLACE</b>	CITY - ST - ZIP <b>MELBOURNE FL 32901</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Secretary</b> <input type="checkbox"/> Delete	NAME <b>Vaughn Holman</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2101 South Waverly Place</b>	CITY - ST - ZIP <b>Melbourne FL 32901</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Chair</b> <input type="checkbox"/> Delete	NAME <b>Chris McGaher</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6450 South US Hwy 1</b>	CITY - ST - ZIP <b>Rockledge FL 32955</b>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
<b>SIGNATURE:</b> 		<b>1/31/07 321-951-9998</b>	