

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90452 016 \*\*\*\*\*61.25

**DOCUMENT # N99000006380**

1. Entity Name

**THE PALM BAY AREA CHAMBER OF COMMERCE FOUNDATION  
, INC.**



Principal Place of Business

**1153 MALABAR ROAD NE. STE 18  
PALM BAY FL 32907**

Mailing Address

**1153 MALABAR ROAD NE. STE 18  
PALM BAY FL 32907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3612933**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, HENRY  
1153 MALABAR ROAD NE, STE 18  
PALM BAY FL 32907**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*Henry U. Simon, EXEC. V.P.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **CD** ☐ Delete  
NAME **NUNGESSER, GARY T**  
STREET ADDRESS **2115 PALM BAY ROAD NE, STE 2E**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DOMONOUSKY, NANCY**  
STREET ADDRESS **1400 PALM BAY ROAD NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **SMITH, CHERYL**  
STREET ADDRESS **1766 CANOVA STREET SE**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SIMON, HENRY**  
STREET ADDRESS **1153 MALABAR ROAD NE, STE 18**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ALLGOOD, NOEL C**  
STREET ADDRESS **438 MARTIN ROAD SE**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **VC** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VC** ☒ Delete  
NAME **WILSON, WILLIAM**  
STREET ADDRESS **1153 MALABAR ROAD NE, STE 18**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Change ☒ Addition  
NAME **HOLEMAN, VAUGHN**  
STREET ADDRESS **2101 S. WAVERLY PL STE 100**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

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:

*Cheryl Smith*

**4-15-03**

**(321) 951-9998**

CR2E037 (10/02)