

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703214

Entity Name: CHAMBER OF COMMERCE OF THE PALM BEACHES, INC.**Current Principal Place of Business:**401 N FLAGLER DR.
WEST PALM BEACH, FL 33401**Current Mailing Address:**401 N FLAGLER DR.
WEST PALM BEACH, FL 33401 US**FEI Number:** 59-0504407**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRADY, DENNIS
401 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN ELECT
Name	CHASE, JOSEPH
Address	777 S. FLAGLER DRIVE SUITE 500E
City-State-Zip:	WEST PALM BEACH FL 33401

Title	CHAIRMAN
Name	ALSOFROM, SARAH
Address	933 45TH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	TREASURER
Name	GRYSKIEWICZ, CHRISTOPHER
Address	222 LAKEVIEW AVENUE SUITE 1200
City-State-Zip:	WEST PALM BEACH FL 33401

Title	PAST CHAIRMAN
Name	NOSACKA, MARK
Address	1309 N. FLAGLER DR.
City-State-Zip:	WEST PALM BEACH FL 33401

Title	GENERAL COUNSEL
Name	HANLEY, CHRISTINE
Address	1450 CENTREPARK BLVD 325
City-State-Zip:	WEST PALM BEACH FL 33401

Title	CEO
Name	GRADY, DENNIS
Address	401 N FLAGLER DRIVE
City-State-Zip:	WEST PALM BEACH FL 33401

I hereby 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 all other like empowered.

SIGNATURE: DENNIS GRADY**CEO****03/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date