2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 731003

Entity Name: EMORY APPLIANCE REPAIR SERVICE, INC.

Current Principal Place of Business:

2530 E EMORY DR
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

2530 E EMORY DR
WEST PALM BEACH, FL 33415 US

New Mailing Address:

FEI Number: 59-1650960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATERS, ELYCE
2766 EMORY DR E APT A
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	FELDHANDLER, FRAN	
Address:	2587 EMORY DR W APT I	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	T	( ) Delete
Name:	WATERS, ELYCE	
Address:	2766 EMORY DR EAST APT A	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	P	( ) Delete
Name:	FRANK, LOIS	
Address:	2766 EMORY DR E APT C	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	VP	( ) Delete
Name:	BECK, MIRIAM	
Address:	2671 EMORY DR E APT K	
City-St-Zip:	WEST PALM BEACH, FL 33415	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	WHITE, DOROTHY	
Address:	2700 EMORY DR E APT H	
City-St-Zip:	WEST PALM BEACH, FL 33415	

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: ELYCE WATERS T 01/09/2009

Electronic Signature of Signing Officer or Director Date