


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90137 040 \*\*\*\*61.25

<b>DOCUMENT # 737903</b>	
1. Entity Name <b>THE HALLANDALE - PEMBROKE PARK CHAMBER OF COMMERCE, INC.</b>	

Principal Place of Business <b>1117 E HALLANDALE BCH BLVD #5 HALLANDALE, FL 33009 US</b>	Mailing Address <b>P.O. BOX 249 HALLANDALE, FL 33008 US</b>
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2. Principal Place of Business <b>Suite, Apt. #, etc.</b>	3. Mailing Address <b>1117 E. HALLANDALE BCH BLVD #5</b>
City & State <b>HALLANDALE BEACH FL</b>	City & State <b>HALLANDALE BEACH FL</b>
Zip <b>33009</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>HIBBITTS, CYNTHIA J. 1117 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HIBBITTS, CYNTHIA J 1117 E HALLANDALE BCH BLVD #5 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DR JOSEPH AMUNATEGUI II 1117 E. HALLANDALE BEACH BLVD #5 HALLANDALE BEACH FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATTERSON, WILLIAM 1117 E HALLANDALE BEACH BLVD #5 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4/6/2006** **954 454-0541**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #