

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90048 041 ****61.25

DOCUMENT # 737903

1. Entity Name
**THE HALLANDALE - PEMBROKE PARK CHAMBER OF
COMMERCE, INC.**



Principal Place of Business
1117 E HALLANDALE BCH BLVD
#5
HALLANDALE, FL 33009 US

Mailing Address
P.O. BOX 249
HALLANDALE, FL 33008 US

94030410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1717977

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIBBITTS, CYNTHIA J.
1117 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 SD ☐ Delete
NAME HIBBITTS, CYNTHIA J
STREET ADDRESS 1117 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE PD ☒ Delete
NAME GREAVES, JEFFREY H
STREET ADDRESS 201 W HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE P ☒ Delete
NAME MOORE, JODI
STREET ADDRESS 3120 W. HALLANDALE BCH BLVD.
CITY-ST-ZIP PEMBROKE PARK, FL 33009

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

TITLE D ☐ Delete
NAME SAGAN, MANDEL
STREET ADDRESS 306 W. HALLANDALE BCH BLVD.
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE PD ☒ Change ☐ Addition
NAME Susan Mandel
STREET ADDRESS 306 W Hallandale Bch Blvd
CITY-ST-ZIP Hallandale Bch FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/04 954-454081