

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755208

FILED
Apr 10, 2009
Secretary of State

Entity Name: GREATER DELRAY BEACH CHAMBER OF COMMERCE CHARITIES, INC.

Current Principal Place of Business:

64 SE 5TH AVE.
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

64 SE 5TH AVE.
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 59-2129858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, WILLIAM J
64 SE 5TH AVE
DELRAY BEACH, FL 33483 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: D () Delete
Name: PEREZ-AZUA, FRANCISCO E
Address: 4415 REGAL COURT
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D () Delete
Name: ALPERIN, JAY
Address: 2100 LAKE IDA ROAD STE 2-A
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: C () Delete
Name: NEWBOLD, LLEWELLYN A
Address: 14159 STATE ROAD 7
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: D () Delete
Name: CANNONE, CHARLES F
Address: 5584 N. OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: VCTT () Delete
Name: L'HERROU, TODD A
Address: 830 KOKOMO KEY LANE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: P (X) Delete
Name: WOOD, WILLIAM J
Address: 3777 NW 8TH STREET.
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCTT (X) Change () Addition
Name: L'HERROU, TODD A
Address: 830 KOKOMO KEY LANE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WOOD, WILLIAM J
Address: 3777 NW 8TH STREET
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM J WOOD

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date