


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # N00000005289

1. Entity Name
PALM BEACH-TREASURE COAST CHAPTER OF ASSOCIATION OF RECORDS MANAGERS AND ADMINISTRATORS, INC.



Principal Place of Business Mailing Address

180 SOUTH EAST THIRD CT 180 SOUTH EAST THIRD CT.
 POMPAÑO BEACH, FL 33060 US POMPAÑO BEACH, FL 33060 US

DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 65-1042773 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAVEZ, JOSEPHINE C CRM
 180 SOUTH EAST THIRD COURT
 POMPAÑO BEACH, FL 33060

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GLASSER, GEORGE
STREET ADDRESS	2432 NE 27 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	P
NAME	CHAVEZ, JOSEPHINE CRM
STREET ADDRESS	180 SE 3RD COURT
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060
TITLE	T
NAME	WORSDALE, RAY
STREET ADDRESS	2381 EXECUTIVE CENTER DR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	FONTE, MARTHA
STREET ADDRESS	2801 CORAL SPRINGS DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Josephine Chavez CRM* Date: *2-7-2008* Daytime Phone #: *954-344-1066*

Josephine Chavez, CRM
 PRESIDENT PDPA