

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008013

FILED
Apr 22, 2009
Secretary of State

Entity Name: INTERNATIONAL CHESS FOUNDATION, INC.

Current Principal Place of Business:

13755 SW 119 AVE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13755 SW 119 AVE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-1063878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMOLE, MYRON M
9700 S DIXIE HWY, STE 1030
MIAMI, FL 33156 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: DP () Delete
Name: SAMOLE, SHANE
Address: 13755 SW 119 AVE
City-St-Zip: MIAMI, FL 33186

Title: DV () Delete
Name: SAMOLE, MYRON M
Address: 9700 S DIXIE HWY, STE 1030
City-St-Zip: MIAMI, FL 33156

Title: DST () Delete
Name: SCHNEIDER, WERNER O
Address: 13701 SW 119TH AVE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: NIRO, III, FRANK A
Address: 13755 SW 119 AVE.
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: LAWRENCE, AL
Address: 13755 SW 119 AVE.
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GREENBERG, CPA, JEFFREY M
Address: 13701 SW 119 AVE.
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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: SHANE SAMOLE

DP

04/22/2009

Electronic Signature of Signing Officer or Director

Date