


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90022 047 ****61.25

DOCUMENT # N00168 1. Entity Name COMMERCE CENTER ASSOCIATION, INC	
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Principal Place of Business 1096 SUNSET STRIP SUNRISE FL 33313	Mailing Address 1096 SUNSET STRIP SUNRISE FL 33313
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2. Principal Place of Business PO Box 190363	3. Mailing Address PO Box 190363
Suite, Apt. #, etc.	Suite, Apt. #, etc.




1st MOORE CR2E037 (10/04)

City & State Ft. Lauderdale, DL	City & State Ft. Lauderdale, FL	4. FEI Number 59-2346950	Applied For Not Applicable
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Zip 33319	Country Broward	Zip 33319	Country Broward	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIFFITH, W. R. 1096 SUNSET STRIP SUNRISE FL 33313		7. Name and Address of New Registered Agent Name Ian S. Carter Street Address (P.O. Box Number is Not Acceptable) 1089 Sunset Strip City Sunrise, FL Zip Code 33313	
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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  **Ian S. Carter, President** 4/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEARY, WILLIAM W. JR. 1096 SUNSET STRIP SUNRISE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ian S. Carter PO Box 190363 Ft. Lauderdale, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFITH, W R 1096 SUNSET STRIP SUNRISE FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lilia Carter PO Box 190363 Ft. Lauderdale, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, BARBARA 1096 SUNSET STRIP SUNRISE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Jon Jacobs 1085 Sunset Strip Sunrise, FL 33313 <input checked="" 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
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
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

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:  **Ian S. Carter, President** 4/1/05 954/791-8806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #