

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008988

FILED
Apr 20, 2004
Secretary of State**Entity Name:** AMERICAN CHAMBER OF CHRISTIANS IN BUSINESS - PALM BEACH COUNTY, INC.**Current Principal Place of Business:**2393 OKLAHOMA STREET
WEST PALM BEACH, FL 33405 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 19162
WEST PALM BEACH, FL 33416 US**New Mailing Address:****FEI Number:** 75-2980263**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SILVERGLATE, RUSSELL C ESQ
980 NORTH FEDERAL HWY STE 410
BOCA RATON, FL 33432 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: PD () Delete
Name: HENDERSON, GRACEANNA
Address: 2393 OKLAHOMA ST
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD () Delete
Name: CROWLEY, SUZANNE
Address: 7685 140TH AVENUE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: GRANT, DOROTHY
Address: 353 OSBORNE DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

Title: TD () Delete
Name: QUINLAN, RONALD JR
Address: 14155 US HWY 1, STE 205
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: OTERO, AL
Address: 1580 SAWGRASS CORPORATE PARKWAY STE 130
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: SMITH, LON
Address: 2393 OKLAHOMA STREET
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CROWLEY, SUZANNE
Address: 4685 140TH AVENUE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD (X) Change () Addition
Name: KAYE, JONATHAN D
Address: 10152 W. INDIANTOWN ROAD, SUITE 184
City-St-Zip: JUPITER, FL 33478

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

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

Title: () Change () Addition
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 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 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: RONALD QUINLAN, JR

TD

04/20/2004

Electronic Signature of Signing Officer or Director

Date