

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 21, 2008  
Secretary of State

DOCUMENT# N01000008988

Entity Name: AMERICAN CHAMBER OF CHRISTIANS IN BUSINESS - PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

6917 VISTA PARKWAY N #13  
WEST PALM BEACH, FL 33411 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: LEAVITT, JOHN  
Address: 7569 SANTEE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD ( ) Delete  
Name: MCGRAW, TIMOTHY  
Address: 10074 STONEHENGE CIRCLE #210  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD ( ) Delete  
Name: KITTLE, PHILLIP  
Address: 5300 EAST AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33408

Title: TD ( ) Delete  
Name: MCQUEENEY, TIMOTHY  
Address: 4623 FOREST HILL BLVD #101  
City-St-Zip: WEST PALM BEACH, FL 33415

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

Title: D ( ) Delete  
Name: KAYE, JONATHAN  
Address: 10152 W. INDIANTOWN RD, #184  
City-St-Zip: JUPITER, FL 33478

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: POLITIS, STAS  
Address: 9049 NEW HOPE COURT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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 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: TIMOTHY MCQUEENEY

TD

03/21/2008

Electronic Signature of Signing Officer or Director

Date