

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008988

FILED
Jun 16, 2009
Secretary of State

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:

9049 NEW HOPE COURT
ROYAL PALM BEACH, FL 33411 US

FEI Number: 75-2980263 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 STONEHEDGE CIRCLE #210
City-St-Zip: BOYNTON BEACH, FL 33436

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

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: () 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 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: STAS POLITIS

SD

06/16/2009

Electronic Signature of Signing Officer or Director

Date