

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90134 002 ****61.25

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DOCUMENT # NO1000008988

1. Entity Name

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



Principal Place of Business

**2393 OKLAHOMA STREET
WEST PALM BEACH FL 33405**

Mailing Address

**2393 OKLAHOMA STREET
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

P.O. Box 19162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

Zip

Country

Zip

Country

33416

USA

4. FEI Number **75-2980263**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVERGLATE, RUSSELL C ESQ
980 NORTH FEDERAL HWY STE 410
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HENDERSON, GRACEANNA**
STREET ADDRESS **2393 OKLAHOMA ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **WALDNER, JOAN**
STREET ADDRESS **2393 OKLAHOMA STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **VD** ☐ Change ☒ Addition
NAME **Suzanne Crowley**
STREET ADDRESS **7695 140th Avenue North**
CITY-ST-ZIP **Loxahatchee FL 33470**

TITLE **SD** ☒ Delete
NAME **KVASNYR, DAWN**
STREET ADDRESS **1415 14TH COURT**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **SD** ☐ Change ☒ Addition
NAME **Dorothy Grant**
STREET ADDRESS **353 Osborne Drive**
CITY-ST-ZIP **Palm Springs FL 33461**

TITLE **TD** ☐ Delete
NAME **QUINLAN, RONALD JR**
STREET ADDRESS **14155 US HWY 1, STE 205**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OTERO, AL**
STREET ADDRESS **1580 SAWGRASS CORPORATE PARKWAY STE 130**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMITH, LON**
STREET ADDRESS **2393 OKLAHOMA STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Ronald P. Quinlan Jr.** **4/25/03** **561-627-8992**

CR2E037 (10/02)