

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000199

FILED
Feb 27, 2005
Secretary of State

Entity Name: SOUTH FLORIDA CHAPTER OF ACHMM, INCORPORATED

Current Principal Place of Business:

6420 CONGRESS AVENUE SUITE 2000
BOCA RATON, FL 33487

New Principal Place of Business:

4065 NORTH HAVERHILL RD.
SUITE B-3, BOX 316
WEST PALM BEACH, FL 33417

Current Mailing Address:

6420 CONGRESS AVENUE SUITE 2000
BOCA RATON, FL 33487

New Mailing Address:

4065 NORTH HAVERHILL RD.
SUITE B-3, BOX 316
WEST PALM BEACH, FL 33417

FEI Number: 20-2335742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFELT, GREGORY L PE, CHMM
6420 CONGRESS AVENUE SUITE 2000
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

WARING, MARK R CHMM, RE
4790 ALDER DRIVE
SUITE D-1
WEST PALM BEACH, FL 33417 US

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: MARK R. WARING

02/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: COFFELT, GREGORY L
Address: 6420 CONGRESS AVENUE, SUITE 2000
City-St-Zip: BOCA RATON, FL 33487 US

Title: MR. () Delete
Name: SCHMITT, BRUCE S
Address: 2540 METRE CENTER BLVD., SUITE 4
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MS. () Delete
Name: WINSTON, KATHLEEN
Address: 400 N. CONGRESS AVENUE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MR (X) Delete
Name: HOOVER, MARK T
Address: P.O. BOX 13079
City-St-Zip: FORT LAUDERDALE, FL 33316 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: MARK, WARING R CHMM
Address: 4790 ALDER DRIVE, SUITE D-1
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MS (X) Change () Addition
Name: BARBARA, POWELL A CHMM
Address: 3301 GUN CLUB RD. MS4260
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: BARBARA A. POWELL

MS.

02/27/2005

Electronic Signature of Signing Officer or Director

Date