

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90424 014 ****61.25

DOCUMENT # N03000010257 1. Entity Name KENDALL CHAMBER OF COMMERCE, INC.					
Principal Place of Business 6410 SW 80TH STREET SOUTH MIAMI, FL 33143 US			Mailing Address 6410 SW 80TH STREET SOUTH MIAMI, FL 33143 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0600031	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEL VALLE, KAREN 6410 SW 80 ST SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Russell, Mary Scott Street Address (P.O. Box Number is Not Acceptable) 6410 SW 80 Street City South Miami, FL Zip Code 33143		
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 <i>Mary Scott Russell</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <i>Mary Scott Russell</i> (NOTE: Registered Agent signature required when reinstating)		DATE <i>4/24/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P DEL VALLE, KAREN 6410 SW 80 STREET SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Russell, Mary Scott 6410 SW 80 Street South Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE LYONS, PHILIP C 9500 S DADELAND BLVD MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Lyons, Phillip C. 9500 S. Dadeland Blvd. Miami, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLYNN, JUDY 7565 SW 141 ST MIAMI, FL 33158	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Gallaher, Bob.E. 7400 SW 50 Terr, #201 Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FORBES, RICARDO 8900 N KENDALL DRIVE MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Gallaher, Bob.E. 7400 SW 50 Terr, #201 Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FLANAGAN, JEFFREY 999 PONCE DELEON BLVD, STE 1000 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Gallaher, Bob.E. 7400 SW 50 Terr, #201 Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, ZAC 8884 SW 129 TERR MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Gallaher, Bob.E. 7400 SW 50 Terr, #201 Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mary Scott Russell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: <i>Mary Scott Russell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>4/24/07</i> Date	
DAYTIME PHONE # <i>305 666-1621</i> Daytime Phone #		DAYTIME PHONE # <i>305 666-1621</i> Daytime Phone #		DAYTIME PHONE # <i>305 666-1621</i> Daytime Phone #	