

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005756

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA AUTO BODY COLLISION ALLIANCE OF SOUTH FLORIDA CORPORATION

Current Principal Place of Business:

4453 TODD STREET
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4453 TODD STREET
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 26-3024443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, SAMUEL PAUL
4453 TODD STREET
LAKE WORTH, FL 33461 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: D () Delete
Name: MONACO, TONY
Address: 1035 NE 43 PLACE
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: QUINTELA, EDDIE
Address: 1035 NE 43 PLACE
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: PIERRO, MIKE JR.
Address: 1035 NE 43 PLACE
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: SPENCER, SAMUEL P TREASUR
Address: 4453 TODD STREET
City-St-Zip: LAKE WORTH, FL 33461

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: SAMUEL PAUL SPENCER

O

01/08/2009

Electronic Signature of Signing Officer or Director

Date