

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005756

FILED  
Mar 23, 2011  
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: O  
Name: SPENCER, SAMUEL P TREASUR  
Address: 4453 TODD STREET  
City-St-Zip: LAKE WORTH, FL 33461

Title: D  
Name: QUINTELA, EDDIE  
Address: 1875 SW 4TH AVENUE, C1  
City-St-Zip: DELRAY BEACH, FL 33444

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

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL PAUL SPENCER

O

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date