

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36446

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** CANADIAN AMERICAN CHAMBER OF COMMERCE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1000 W MCNAB ROAD  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1000 W MCNAB ROAD  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 65-0172618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINERLEY, KENNETH L  
980 N FEDERAL HIGHWAY  
412  
BOCA RATON, FL 33432 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: PD  
Name: MINERLEY, KENNETH L  
Address: 980 N. FEDERAL HIGHWAY, #412  
City-St-Zip: BOCA RATON, FL 33432

Title: D  
Name: LANE, GEORGE A  
Address: 600 NE THIRD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TD  
Name: ROY, CHRISTIAN P  
Address: 1001 E. HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: BASE, E. RIC  
Address: 1450 SW 3RD ST  
City-St-Zip: POMPANO BCH, FL 33069

Title: D  
Name: DONNELLY, MIKE  
Address: 1000 W MCNAB ROAD  
City-St-Zip: POMPANO BEACH, FL 33069

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: KENNETH L MINERLEY

PRES

01/19/2010

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

\_\_\_\_\_  
Date