2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48849

FILED Apr 03, 2009 Secretary of State

Entity Name: FORT LAUDERDALE NEGRO CHAMBER OF COMMERCE, INC.

Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
P. O. BOX 1641 FORT LAUDERDALE, FL 33302				1021 NW 6TH STREET FORT LAUDERDALE, FL 33311	
Current M	ailing Address	s:	New Mailing Addres	New Mailing Address:	
P. O. BOX 1641 FORT LAUDERDALE, FL 33302					
El Number:	65-0335525	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BURROWS, GEORGE L. 1552 NW 6TH STREET FORT LAUDERDALE, FL 33311 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
n the State of Florida.					
SIGNATUF		c Signature of Registered Ager	t	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Fitle: Fitle: Fitle: Fitle: Fitle: Fitle: Fitle: Fitle:	BURROWS, GEO 1552 NW 6TH S' FT. LAUDERDAL VD () JACKSON, CLAF 4361 NW 12TH O LAUDERHILL, FI VD () KURTZ, RICHAR 1081 NW 19TH O FT. LAUDERDAL	T LE, FL Delete RENCE CT - Delete D A.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition	
itte: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	BEAL, CONNIE 3853 N.W. 36TH LAUDERDALE L	ST. AKES, FL 33311 Delete AVE.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition	

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: GEORGE L. BURROWS PD 04/03/2009