

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002299 (5)

1. Corporation Name

CHRISTIAN CHAMBER OF COMMERCE INTERNATIONAL, INC

Principal Place of Business

Mailing Address

~~15470 NW 77TH CT -~~  
~~SUITE 429~~  
~~MIAMI LAKES FL 33016~~

~~15476 NW 77TH CT -~~  
~~SUITE 429~~  
~~MIAMI LAKES FL 33016~~



500001884735

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3. Date Incorporated or Qualified  
05/09/1994

3a. Date of Last Report  
03/09/1995

4. FEI Number 65-0595495  
~~APPLIED FOR~~

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 505 N.W. 65 COURT

26 505 N.W. 65 COURT

22 SUITE 101

27 SUITE 101

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

24 33309

29 33309

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVELL, WILLIAM C ESQ

~~ROGERS MORRIS & ZIEGLER~~

~~1401 E BROWARD BLVD SUITE 300~~

~~FT LAUDERDALE FL 33301~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

MAY, MEACHAM & DAVELL, P.A.

83

ONE FINANCIAL PLAZA, SUITE 2602

84

FT LAUDERDALE

FL

85 Zip Code

33394

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MCCONNELL, M C

STREET ADDRESS ~~202 S UNIVERSITY DR~~

CITY - ST - ZIP ~~PLANTATION FL 33324~~

TITLE ☐ DELETE

NAME D KELLEY, STEVE

STREET ADDRESS 2314 NE 12TH CT

CITY - ST - ZIP FT LAUDERDALE FL 33304

TITLE ☒ DELETE

NAME ~~D~~

STREET ADDRESS ~~251 GREENWOOD DR~~

CITY - ST - ZIP ~~KEY BISCAYNE FL 33145~~

TITLE ☐ DELETE

NAME OTERO, AL

STREET ADDRESS 1921 NW 190TH AVE

CITY - ST - ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

8754 SW 51 STREET  
COOPER CITY, FLORIDA 33328

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

PRESIDENT, DIRECTOR ☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

SECRETARY, DIRECTOR ☐ Change ☒ Addition

KEVIN HREBIK

17300 N.W. 68 AVE.

MIAMI, FLORIDA 33015

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

EXECUTIVE DIRECTOR ☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TREASURER, DIRECTOR ☐ Change ☒ Addition

JOHN A. CONIGLIO, CPA

2131 HOLLYWOOD BLVD 307-A

HOLLYWOOD, FLORIDA 33020

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

VICE PRESIDENT, DIR. ☐ Change ☒ Addition

WILLIAM C. DAVELL, ESQ.

ONE FINANCIAL PLAZA, STE 2602

FT LAUDERDALE, FLORIDA 33394

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John A. Coniglio, Treasurer 4/1/96 (954)  
920-8090  
Date: 4/3/96  
Daytime Phone: 920-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)