

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

505 N.W. 65 COURT
SUITE 101
FT LAUDERDALE FL 33309505 N.W. 65 COURT
SUITE 101
FT LAUDERDALE FL 33309-61203. Date Incorporated or Qualified
05/09/19943a. Date of Last Report
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0595495Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVELL, WILLIAM C ESQ
MAY, MEACHAM & DAVELL, P.A.
ONE FINANCIAL PLAZA, STE 2602
FT LAUDERDALE FL 33394

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MCCONNELL, M C
STREET ADDRESS 8754 SW 51ST ST
CITY-ST-ZIP COOPER CITY FL 333281.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ~~RD~~ ☐ DELETE
NAME KELLEY, STEVE
STREET ADDRESS 2314 NE 12TH CT
CITY-ST-ZIP FT LAUDERDALE FL 333042.1 TITLE ~~P~~ ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME HREBIK, KEVIN
STREET ADDRESS 17300 N.W. 68 AVE
CITY-ST-ZIP MIAMI FL 330153.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ED ☒ DELETE
NAME OTERO, AL
STREET ADDRESS 1921 NW 190TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 330294.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME CONIGLIO, JOHN A
STREET ADDRESS 2131 HOLLYWOOD BLVD 307-A
CITY-ST-ZIP HOLLYWOOD FL 330205.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ~~Y~~PD ☐ DELETE
NAME DAVELL, WILLIAM C
STREET ADDRESS ONE FINANCIAL PLAZA STE 2602
CITY-ST-ZIP FT LAUDERDALE FL 333946.1 TITLE ~~P~~ ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. JOHN A. CONIGLIO

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/21/97 954-920-8090
Daytime Phone # 0035921

CR2E037 (9/96)