

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 049 ****61.25

DOCUMENT # N94000002299					
1. Entity Name AMERICAN CHAMBER OF CHRISTIANS IN BUSINESS, INC.					
Principal Place of Business 6273 BAY CLUB DR #3 FT LAUDERDALE, FL 33308 US			Mailing Address 6273 BAY CLUB DR #3 FT LAUDERDALE, FL 33308 US		
2. Principal Place of Business 2717 W. Cypress Creek Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 9925 Suite, Apt. #, etc.			
City & State Fort Lauderdale FL Zip 33309 Country USA		City & State Fort Lauderdale FL Zip 33310 Country USA		4. FEI Number 65-0595495	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITE, RUSSELL 1401 EAST BROWARD BLVD FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME MCCONNELL, M C STREET ADDRESS 432 NW 70 AVENUE, STE 131 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Janet Vigilante STREET ADDRESS 213 NW 60 Ave CITY-ST-ZIP Margate, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME WEISSING, MATTHEW STREET ADDRESS 4875 N. FEDERAL HWY. 10TH FL CITY-ST-ZIP FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Kevin C. Gleason STREET ADDRESS 1312 Polk St CITY-ST-ZIP Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME WATSON, MICHAEL R STREET ADDRESS 8251 W BROWARD, SUITE 207 CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Karen Metzger STREET ADDRESS 4804 Mango Dr CITY-ST-ZIP Tamarac, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME CONIGLIO, JOHN A STREET ADDRESS 4801 SOUTH UNIVERSITY DR, STE 3000 CITY-ST-ZIP DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Tom Walker STREET ADDRESS 2866 400 E. Sample Rd CITY-ST-ZIP Pompano Beach, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SMITH, CON STREET ADDRESS P.O BOX 9583 CITY-ST-ZIP FORT LAUDERDALE, FL 33310	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ROBINSON, DICK STREET ADDRESS 432 NW 70 AVENUE, STE 131 CITY-ST-ZIP PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karen Metzger</i> Karen Metzger			2-12-05 984-735-1140		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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