## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500005794 (1)

CHRISTIAN CHAMBER OF COMMERCE PALM BEACH COUNTY CHAPTER, INC.

Mailing Address

4800 NORTH FEDERAL HIGHWAY. #D 102

4800 NORTH FEDERAL HIGHWAY. #D 102 BOCA RATON FL 33431-5178

FILED Jul 02 1997 8:00am Secretary of State



| BOCA RATON F   | L <b>334</b> 31                                      | BOCA RATON FL 33431-5178          |                                 |  |                                       |
|--|--|-----------------------------------|---------------------------------|--|---------------------------------------|
|  |  |                                   |                                 | 3. Date Incorporated or Qualified 12/07/1995           | 3a. Date of Last Report<br>06/11/1996 |
| 21 3200  | ace of Business                                      | 2a. Mailing Address<br>26 ろスの て・ん | litary Ir                       | 4. FEI Number<br>59-3349910                            | Applied For Not Applicable            |
| Suite, Apt. (  | 30 (   | Suite, Apt. #, etc.               | •                               | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required        |
| City & State   |  | City & State                      | whom of                         | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees           |
| Zip  | Country  | Zip                               | Country                         | 8. This corporation has liability for in               |                                       |
| 24 33 9  | <b>73</b>   25                                       |                                   | 0                               |  | Yes No                                |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  B1 Name  |  |                                   |                                 |  |                                       |
| TAYLOR, LOUISE M  4800 NORTH FEDERAL HIGHWAY, #D 102  BOCA RATON FL 33431  B2 Street Address (Pd). Box Number is Not Acceptable)  3 2 00 71 · Null Yay Jan S 201   |  |                                   |                                 |  |                                       |
|  |  |                                   | 84 City 6                       | eca Parton   | 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 |                                   | Registered Agent a gnature requ |  | DATE CONSOLOGO III 40                 |
| 12.  | OFFICERS AND   | DIRECTORS DELETE                  | 13.                             | ADDITIONS/CHANGES 10 OFFIC                             | Change Addition                       |
| TITLE  | D TAVIOD LOUISE M                                    | □ percit                          | 1.1 TITLE                       |  | Change Madition                       |
| NAME   | TAYLOR, LOUISE M<br>1147 N.W. 9TH STREET             |                                   | 1.2 NAME                        |  |                                       |
| STREET ADDRESS   |  |                                   | 1.3 STREET ADDRESS              |  |                                       |
| CITY-ST-ZIP<br>TITLE   | BOYNTON BEACH FL 33431                               | T; LLETE                          | 1.4 CHY-ST-ZIP<br>2.1 TITLE     | · , , ,  | Change Addition                       |
| NAME   | LONGO, LINDA A                                       | ()                                | 2.2 NAME                        |  | Colongo Colongo                       |
| STREET ADDRESS   | 3895 ISLAND CLUB CIRCLE                              |                                   | 2.3 STREET ADDRESS              |  |                                       |
|  | LANTANA FL 33462                                     |                                   | 2. 4 CITY-ST-ZIP                |  |                                       |
| CITY-ST-ZIP<br>TITLE   | D  | DELETE                            | 31 TITLE                        |  | Change Addition                       |
| NAME   | RHODES, DUSTY  |                                   | 3.2 NAME                        |  | - • -                                 |
| STREET ADDRESS   | 6223 BARBARA STREET                                  |                                   | 3.3 STREET ADDRESS              |  |                                       |
| CITY-ST-ZIP  | PALM BEACH GARDENS FL 33                             | 418                               | 3.4. CITY-ST-ZIP                |  |                                       |
| TITLE  | TALIII DEAOTI GATOLITO TE GO                         | DELETE                            | 4.1 TITLE                       |  | Change Addition                       |
| NAME   |  |                                   | 4. 2 NAME                       |  |                                       |
| STREET ADDRESS   |  |                                   | 4.3 STREET ADDRESS              |  |                                       |
| CITY-ST-ZIP  |  |                                   | 4.4 CITY-ST-ZIP                 |  |                                       |
| TITLE  |  | DELETE                            | 5.1 TITLE                       |  | Change Addition                       |
| NAME   |  |                                   | 5.2 NAME                        |  |                                       |
| STREET ADDRESS   |  |                                   | 5.3 STREET ADDRESS              |  |                                       |
| CITY-ST-ZIP  |  |                                   | 5.4 CITY-ST-ZIP                 |  |                                       |
| TITLE  |  | DELETE                            | 6.1 TITLE                       |  | ☐ Change ☐ Addition                   |
| NAME   |  | <del></del>                       | 6.2 NAME                        |  | -                                     |
| STREET ADDRESS   |  |                                   | 6.3 STREET ADDRESS              |  |                                       |
| CITY-ST-ZIP  |  |                                   | 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 changes, as a stachment with an address. |  |                                   |                                 |  |                                       |