2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007478

Entity Name: THE CHAMBER OF NONPROFIT HEALTH AND HUMAN

SERVICES AGENCIES IN PALM BEACH COUNTY, INC.

Current Principal Place of Business:

4630 CATAMARAN CIRCLE BOYNTON BEACH, FL 33436

Current Mailing Address:

P.O. BOX 5526

LAKE WORTH, FL 33466 US

FEI Number: 90-0848354 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASSELL, MARLENE R MANAGER 4630 CATAMARAN CIRCLE BOYNTON BEACH, FL 33436 US

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.

SIGNATURE: MARLENE PASSELL 02/07/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleTREASURERTitleBOARD MEMBERNameLADIKA, MATTHEWNameMAGERIA, RUTHAddressP.O. BOX 5526AddressP.O. BOX 5526

City-State-Zip: LAKE WORTH FL 33466 City-State-Zip: LAKE WORTH FL 33466

Title PRESIDENT Title VP

NameCONSTANTINE, MATTHEWNameOKRENT, ELLYNAddressP.O. BOX 5526AddressP.O. BOX 5526

City-State-Zip: LAKE WORTH FL 33466 City-State-Zip: LAKE WORTH FL 33466

TitleSECRETARYTitleBOARD MEMBERNameDURANDISSE, REGINALENameENGLE, KARISAddressP.O. BOX 5526AddressP.O. BOX 5526

City-State-Zip: LAKE WORTH FL 33466 City-State-Zip: LAKE WORTH FL 33466

TitleVPTitleBOARD MEMBERNameGONZALEZ, MICHELLENameSWINDLER, JULIEAddressP.O. BOX 5526AddressP.O. BOX 5526

City-State-Zip: LAKE WORTH FL 33466 City-State-Zip: LAKE WORTH FL 33466

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I hereby 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 all other like empowered.

SIGNATURE: MATTHEW CONSTANTINE

PRESIDENT

02/07/2024

FILED Feb 07, 2024

Secretary of State

0192375272CC

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleBOARD MEMBERTitleBOARD MEMBERNameKALLUS, LAURANameHAZLE, GREGORYAddressP.O. BOX 5526AddressP.O. BOX 5526

City-State-Zip: LAKE WORTH FL 33466 City-State-Zip: LAKE WORTH FL 33466

TitleBOARD MEMBERTitleBOARD MEMBERNameCORDERO, SUZANNENameROBERTS, CLAUDIA

Address P.O. BOX 5526 Address P.O. BOX 5526

City-State-Zip: LAKE WORTH FL 33466 City-State-Zip: LAKE WORTH FL 33466

TitleBOARD MEMBERTitleDIRECTORNameLAYMAN, RENEENameL'HERROU, TODDAddressP.O. BOX 5526AddressP.O. BOX 5526

City-State-Zip: LAKE WORTH FL 33466 City-State-Zip: LAKE WORTH FL 33466