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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728716 (2)
 1. Corporation Name
APOPKA AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business 180 EAST MAIN STREET APOPKA FL 32703	Mailing Address 180 EAST MAIN STREET APOPKA FL 32703
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3. Date Incorporated or Qualified 02/05/1974	
4. FEI Number 59-1109399	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCLEOD, RAYMOND A.
48 EAST MAIN STREET
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	BRASWELL, SCOTT	1.2 NAME	President "D"
STREET ADDRESS	180 EAST MAIN ST.	1.3 STREET ADDRESS	Steve Francis
CITY-ST-ZIP	APOPKA, FL 32703	1.4 CITY-ST-ZIP	180 E. Main St. Apopka, FL 32703
TITLE	TD	2.1 TITLE	D
NAME	ROGERS, CRAIG	2.2 NAME	Treasurer "D"
STREET ADDRESS	180 EAST MAIN ST.	2.3 STREET ADDRESS	David Rankin
CITY-ST-ZIP	APOPKA, FL 32703	2.4 CITY-ST-ZIP	180 E. Main St. Apopka, FL 32703
TITLE	EXD	3.1 TITLE	D
NAME	HORNER, MIKE	3.2 NAME	Executive Director "D"
STREET ADDRESS	180 E MAIN STREET	3.3 STREET ADDRESS	Andy Gardiner
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	180 E. Main St. Apopka, FL 32703
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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:  **David Rankin** June 1, 1998 407-886-1441

CR2E037 (10/97)