


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 728716**  
 1. Entity Name  
 APOPKA AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business      Mailing Address  
 180 EAST MAIN STREET      180 EAST MAIN STREET  
 APOPKA, FL 32703      APOPKA, FL 32703

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 59-1109399      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCLEOD, RAYMOND A.  
 48 EAST MAIN STREET  
 APOPKA, FL 32703

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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)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

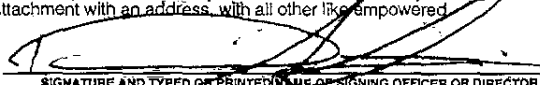
10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DAVID RANKIN
STREET ADDRESS	180 EAST MAIN ST.
CITY-ST-ZIP	APOPKA, FL 32703,
TITLE	EXD
NAME	ANDY GARDINER
STREET ADDRESS	180 E MAIN STREET
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	P
NAME	ALFANO, ALICE
STREET ADDRESS	180 E MAIN ST.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000296037  
 04/09/05-80052-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       4/6/05      (407) 466-4606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #