## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Apr 30, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # 728716** 1. Entity Name 04-30-2008 90154 025 \*\*\*\*61.25 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-1109399 Not Applicable Zιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCLEOD, RAYMOND A. Street Address (P.O. Box Number is Not Acceptable) **48 EAST MAIN STREET** APOPKA FL 32703 City 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 Fiorida. Familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or crimed name of requistered agent and facilit applicable (NOTE: Re-jistered Agent signature reduced when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD TITLE ☐ Defete TITLE Addition DAVID RANKIN NAME NAME 180 EAST MAIN ST. STREET ADDRESS STREET ADDRESS CITY ST-ZIP APOPKA, FL 32703 CITY-ST ZIP EXD TITLE ☐ Delete TITLE Change Addition ANDY GARDINER NAME MAME 180 E MAIN STREET STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZiP -uit Chango\_ SC Daloie TITLE Addit of Chairman TILL, KATHY NAME NAME Alan Byrd STREET ADDRESS 180 E MAIN ST STREET ADDRESS 180 E. Main St. APOPKA FL 32703 CITY- ST- ZIP CITY-ST-ZIP Apopka, FL 32703 STLE Delete TITLE Change Addition NANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TITLE ☐ Change and Addition MARKE NAME STRIET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 of the corporation or the receiver or trustee empowered to execute this report as if changed, or on an attachment with an address with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

Table

NAME

STREET ADDRESS

CETY-ST-ZIP

David Rankin

☐ Change

Addition