

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2009  
Secretary of State**

DOCUMENT# 728716

Entity Name: APOPKA AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

180 EAST MAIN STREET  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

180 EAST MAIN STREET  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 59-1109399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DAVID RANKIN,  
Address: 180 EAST MAIN ST.  
City-St-Zip: APOPKA, FL 32703,

Title: EXD ( ) Delete  
Name: ANDY GARDINER,  
Address: 180 E MAIN STREET  
City-St-Zip: APOPKA, FL 32703

Title: C ( ) Delete  
Name: BYRD, ALAN  
Address: 180 E MAIN ST  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SEAGO, PAUL  
Address: 180 E MAIN STREET  
City-St-Zip: APOPKA, FL 32703

Title: C (X) Change ( ) Addition  
Name: ROSS, KAREN  
Address: 180 E MAIN ST  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL SEAGO

PD

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date