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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS,

DOCUMENT # 764599 (7)

1. Corporation Name  
KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address  
1425 E VINE ST KISSIMMEE FL 34744  
1425 E VINE ST KISSIMMEE FL 34744-3621

3. Date Incorporated or Qualified 08/18/1982  
3a. Date of Last Report 04/26/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-0319865	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			<input type="checkbox"/>	
23	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
			<input type="checkbox"/>	
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TOMPKINS, TOM 1425 E. VINE STREET KISSIMMEE FL 34744		81 Name	Robert Recker
		82 Street Address (P.O. Box Number is Not Acceptable)	1425 E. Vine Street
		83	
		84 City	Kissimmee FL 85 Zip Code 34744

11. Pursuant to the provisions of Sections 617.0507 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 617.0603, Florida Statutes.

SIGNATURE *Robert Recker* 3/11/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, RANDY	1.2 NAME	Cooper, Mary
STREET ADDRESS	2009 WEST VINE STREET	1.3 STREET ADDRESS	1650 S. Poinciana Blvd.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34758
TITLE	COB	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMPKINS, TOM	2.2 NAME	Goodwin, Linda
STREET ADDRESS	1731 BOGGY CREEK ROAD	2.3 STREET ADDRESS	931 W. Oak Street #100
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, LARRY	3.2 NAME	Tompkins, Tom
STREET ADDRESS	809 EAST OAK STREET, SUITE 200	3.3 STREET ADDRESS	1731 Bogggy Creek Road
CITY-ST-ZIP	KISSIMMEE FL 34744	3.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, KEN	4.2 NAME	Smallwood, Ed
STREET ADDRESS	101 PARK PLACE BLVD, SUITE 3	4.3 STREET ADDRESS	817 Bill Beck Blvd.
CITY-ST-ZIP	KISSIMMEE FL 34741	4.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTCHEER, MEL	5.2 NAME	Franklin, Tom
STREET ADDRESS	6375 W. IRLO BRONSON MEM. HWY.	5.3 STREET ADDRESS	1400 W. Oak Street
CITY-ST-ZIP	KISSIMMEE FL 34746	5.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHACCHIRA, SHANNON	6.2 NAME	Mercer, Atlee
STREET ADDRESS	1100 N. MAIN	6.3 STREET ADDRESS	705-A E. Oak Street
CITY-ST-ZIP	KISSIMMEE FL 34744	6.4 CITY-ST-ZIP	Kissimmee, FL 34744

14. I do 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 *Robert Recker* 3/11/97 DATE

CR2E037 (9/96)