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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764599

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

Principal Place of Business 1425 E VINE ST KISSIMMEE FL 34744	Mailing Address 1425 E VINE ST KISSIMMEE FL 34744
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/18/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0319865
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HORNER, MIKE 1425 E VINE ST KISSIMMEE FL 34744	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;"> 85 Zip Code FL </div>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MARY	1.2 NAME	Ed Smallwood
STREET ADDRESS	1650 S POINCIANA BLVD	1.3 STREET ADDRESS	817 Bill Beck Blvd.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	Chairman-Elect <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, LINDA	2.2 NAME	Mel Bettcher
STREET ADDRESS	931 W OAK STREET	2.3 STREET ADDRESS	6375 W. Irlo Bronson Mem. Hwy.
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	Kissimmee, FL 34747
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Chairman-Elect-Elect <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, TOM	3.2 NAME	Tom Lewis
STREET ADDRESS	1731 BOGGY CREEK ROAD	3.3 STREET ADDRESS	200 Celebration Place 9th Floor
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34747
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Past Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLWOOD, ED	4.2 NAME	Linda Goodwin
STREET ADDRESS	817 BILL BECK BLVD.	4.3 STREET ADDRESS	931 W. Oak Street Suite 100
CITY-ST-ZIP	KISSIMMEE FL 34744	4.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	V.C. Govt. Affairs <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTCHER, MEL	5.2 NAME	Tom Franklin
STREET ADDRESS	6375 W IRLO BRONSON MEM HWY	5.3 STREET ADDRESS	1400 W. Oak St. Suite G
CITY-ST-ZIP	KISSIMMEE FL 34746	5.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	V.C. Assessment <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, ATLEE	6.2 NAME	Atlee Mercer
STREET ADDRESS	705-A OAK STREET	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 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 1.21.99 Daytime Phone #: 407.847.3124

CR2E037 (1/198)