

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764599

FILED  
Jan 15, 2010  
Secretary of State

**Entity Name:** KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1425 E VINE ST  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1425 E VINE ST  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-0319865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORNER, MIKE  
1425 E VINE ST  
KISSIMMEE, FL 34744 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: D  
Name: WHITE, TOM  
Address: 920 N. JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: BAKER, KEN  
Address: 101 PARK PLACE STE 3  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: LUPFER, SAM  
Address: 222 CHURCH STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: WALTER, LARRY  
Address: 400 WEST EMMETT STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: GOODWIN, LINDA  
Address: 931 W OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: D  
Name: SINES, DONNA  
Address: 1502 B VILLAGE OAK LANE  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: TOM WHITE

D

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date