

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764599

FILED
Mar 03, 2011
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: TOUMAZOS, DIMITRI
Address: 7575 DR. PHILLIPS BLVD SUITE 260
City-St-Zip: ORLANDO, FL 32819

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

Title: D
Name: PACE, PETE
Address: 7308 GREENBRIAR PARKWAY SANDLAKE WEST
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: DIPIETRE, JACOB
Address: PO BOX 10,000
City-St-Zip: LAKE BUENA VISTA, FL 32830

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

03/03/2011

Electronic Signature of Signing Officer or Director

Date