## **2004 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT # N0000003234

## **FILED** Mar 09, 2004 8:00 am Secretary of State 03-09-2004 90017 004 \*\*\*\*70.00

SEMINOLE COUNTY/LAKE MARY REGIONAL CHAMBER OF COMMERCE, INC.								
Principal Place of Business 725 PRIMERA BLVD 100 LAKE MARY, FL 32746		Mailing Address 725 PRIMERA BLVD 100 LAKE MARY, FL 32746			94027098			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192004 Chg-NP CR2E037 (10/03)			
City & State		City & State			4. FEI Number Applied For 59-3646781 Not Applicable			
Zip	Country	Zip	Cour	ntry ·	5. Certificate of Sta	Tus Desired Fee Ro	5 Additional equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
PARKER, DIANE				Name				
725 PRIMERA BLVD			1	Street Address (P.O. Box Number is Not Acceptable)				
100 LAKE MARY, FL 32746			ŀ	-10- D-	125 PRIMERA RIVA # 100			
EARE WART, TE 32740			, }	725 PR	7: 0: 4:			
		•		LAKE W		FL   3	32746	
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	ts registere				r with, and accept	
1110 0011gai	ions of registered agent.	1 ) . l.		DI F	WE PARKE	ir o	~./	
SIGNATURE / PRES 3-3-04							<i>04</i>	
	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered	Agent signature require	ed when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2004  9. Election Campa Trust Fund Con					\$5.00 May Be Added to Fees	Make check paya Florida Department		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	PRS IN 10	
TITLE	Р	☐ Delete	TITLE			□ C1	nange 🗌 Addition	
NAME	PARKER, DIANE		NAME	l l				
STREET ADDRESS CITY-ST-ZIP	230 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			T ADDRESS ST-ZIP			i	
TITLE	D	☐ Delete	TITLE	N / A		<b>⊠</b> ′c:	nange	
NAME	OWEN, LYNN	La Desete	NAME	1.		<b>A</b> •	iongo	
STREET ADDRESS	206 HILCREST ST.		STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-	ST-ZIP				
TITLE	DE	☐ Delete	TITLE	احدا	5	<b>p</b> ≰ci	nange 🔲 Addition	
NAME STREET ADDRESS	ANDERSON, EUGENE   901 N. LAKE DESTINY ROAD	ليوا والمنافرة والأراب المساعومة	NAME	T ADDRESS	- · · · · · · · · · · · · · · · · · · ·	الروياء ماليك عيال المحالكة	المحاد ووراء	
CiTY-ST-ZIP	MAITLAND, FL 32751	•		ST-ZIP				
TITLE	D	<b>⊠</b> Delete	TITLE				hange	
NAME	GLAZIER, STEVE	A 2000	NAME	<b>I</b>		_	, –	
STREET ADDRESS	555 W STATE ROAD 434			T ADDRESS				
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE		n GREEN	□ C	hange Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS 200	COLUNIAL CA	WEE PRWY # 14	•	
CITY-ST-ZIP					LE MARY FL	32746		
TITLE		- Delete -	- TITLE				hange	
NAME		1	. NAME		<b>~</b> ,	<del>-</del>		
STREET ADDRESS	Maria Hara	· · · · · ·		ET ADDRESS		,		
CITY-ST-ZIP '		•		ST-ZIP				
	confly that the information punction with	n this filing does not qualify I	for the ever	notion stated in 9	Section 119.07(3)(i), Flo	rida Statutes. I further certify tha	t the information	

indicated on this report or supplemental report is true and occurate 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR