

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N21862** (0)

1. Corporation Name

THE ORLO VISTA CHAMBER OF COMMERCE



Principal Place of Business: **38 SOUTH HASTINGS STREET ORLANDO FL 32811 US**
Mailing Address: **P.O. BOX 616556 ORLANDO FL 32861 US**

3. Date Incorporated or Qualified: **08/03/1987**
3a. Date of Last Report: **08/09/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1652428	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**BRAGG, FRANCES
19 SOUTH TYLER STREET
ORLANDO FL 32861**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAGG, FRANCES P.	1.2 NAME	COLE, HAROLD R.
STREET ADDRESS	P.O. BOX 616146 NA	1.3 STREET ADDRESS	6443 Old Winter Garden Road
CITY-ST-ZIP	ORLANDO FL 32861	1.4 CITY-ST-ZIP	Orlando, Florida 32835
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERONE, MADELINE	2.2 NAME	
STREET ADDRESS	6213 CHANTRY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHER, J.D. RICHTER	3.2 NAME	
STREET ADDRESS	7145 KEEL COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, ADDIE J	4.2 NAME	
STREET ADDRESS	6510 CHANTRY ST. 6513	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, DONNA J.	5.2 NAME	
STREET ADDRESS	8513 CHANTRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, MARGUERITE K.	6.2 NAME	
STREET ADDRESS	6443 OLD WINTER GARDEN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES P. BRAGG (R.A.)

3-19-96 **407-293-3493**

Date

Daytime Phone #

CR2E037 (12/95)