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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90129 029 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N21862**

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



(Zip Code should be 32835.) (Mailing address is OK)

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1652428	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRAGG, FRANCES 19 SOUTH TYLER STREET P.O. BOX 616146 ORLANDO FL 32861				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 \_\_\_\_\_ (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	change address/otherwise OK		
NAME	JONES, BILLIE J.			1.2 NAME	6038 W. Harwood St.		
STREET ADDRESS	<del>6015 SUSAN COURT</del>			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>CERONE, MADELINE X</del>			2.2 NAME	Paul Larson		
STREET ADDRESS	<del>6218 CHANNY ST X</del>			2.3 STREET ADDRESS	6405 Old Winter Garden Road		
CITY-ST-ZIP	<del>ORLANDO FL 32835 X</del>			2.4 CITY-ST-ZIP	Orlando, FL 32835		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, ELZA B			3.2 NAME	change address/otherwise OK.		
STREET ADDRESS	<del>6015 SUSAN COURT</del>			3.3 STREET ADDRESS	6038 W. Harwood St.		
CITY-ST-ZIP	ORLANDO FL 32835			3.4 CITY-ST-ZIP			
TITLE	SVP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>LOPEZ, PAUL X</del>			4.2 NAME	Robert Lopez		
STREET ADDRESS	<del>1210 CONDOR RD X</del>			4.3 STREET ADDRESS	121 No. Nowell St.		
CITY-ST-ZIP	<del>ORLANDO FL 32835 X</del>			4.4 CITY-ST-ZIP	Orlando FL 32835		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>QUYER, DORIS X</del>			5.2 NAME	David Chandley		
STREET ADDRESS	<del>25 W BUENA VISTA AVE X</del>			5.3 STREET ADDRESS	23 No. Nowell St.		
CITY-ST-ZIP	<del>ORLANDO FL 32835 X</del>			5.4 CITY-ST-ZIP	Orlando, FL 32835		
TITLE	TD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, MARGUERITE K			6.2 NAME	same		
STREET ADDRESS	6443 OLD WINTER GARDEN ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			6.4 CITY-ST-ZIP			

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: *Marguerite K Cole* 4-20-99 (407) 422-6554  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

N21862

444816-90129-29

Attachment:

D

Annie Megginson  
34 No. Buena Vista Ave.  
Orlando, FL 32835