

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

02-25-2004 90030 013 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N21862			
1. Entity Name THE ORLO VISTA CHAMBER OF COMMERCE			
Principal Place of Business 38 SOUTH HASTINGS STREET ORLANDO FL 32835 US		Mailing Address P.O. BOX 616556 ORLANDO FL 32861 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BRAGG, FRANCES 19 SOUTH TYLER STREET P.O. BOX 616146 ORLANDO FL 32861		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TETELBAUM, LU ANN 6618B CHANTRY ST ORLANDO FL 32835 (same) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP CUMMINGS, BETTY 315 S OBSERVATORY DR ORLANDO FL 32835 (now President) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP CHANDLEY, WILMA 23 N NOWELL ST ORLANDO FL 32835 (same) <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP ANNIE MEGINSON 31 NORTH-HART ORLOVISTA, FLORIDA 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D1 OLIVER, DORIS 35 N BUENA VISTA DR ORLANDO FL 32835 same <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, ELZA B 6038 WEST HARWOOD ST ORLANDO FL 32835 (deceased) <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADD: Jones, Billie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6038 West Harwood St. Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLE, MARGUERITE K 6443 OLD WINTER GARDEN ROAD ORLANDO FL 32835 (same) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADD Sharon Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5455 West Washington St. Orlando, FL 32811
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>FRANCES P. BRAGG</u> <i>Frances P. Bragg</i> 2/18/04 407-293-3492 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Daytime Phone #			

MARGUERITE K. COLE *Marguerite K. Cole* 3/6/04 407-293-0951
Treasurer