

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90344 014 ****70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-1652428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAGG, FRANCES
19 SOUTH TYLER STREET
P.O. BOX 616146
ORLANDO FL 32861**

Name **Marguerite K. Cole**

Street Address (P.O. Box Number is Not Acceptable)
6443 Old Winter Garden Road

City **Orlando** FL Zip Code **32835**

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 *Marguerite K. Cole*
Marguerite K. Cole, Treasurer

4/6/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$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 **SD** Delete
NAME **TETELBAUM, LU ANN**
STREET ADDRESS **6618B CHANTRY ST**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **S/D** Change Addition
NAME **Teitelbaum, LuAnn**
STREET ADDRESS **6618 Chantry Street**
CITY-ST-ZIP **Orlando, Florida 32835**

TITLE **P** Delete
NAME **MEGGINSON, ANNIE**
STREET ADDRESS **38 NORTH HART AVE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **P** Change Addition
NAME **Annie Megginson**
STREET ADDRESS **126 West Virgil Street**
CITY-ST-ZIP **Apopka, Florida 32712**

TITLE **2VP** Delete
NAME **BRAGG, FRANCES**
STREET ADDRESS **PO BOX 616146**
CITY-ST-ZIP **ORLANDO FL 32861-6146**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D1** Delete
NAME **OLIVER, DORIS**
STREET ADDRESS **35 N BUENA VISTA DR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **1VP** Delete
NAME **KBERLY, JERRY**
STREET ADDRESS **27 NOWELL STREET**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **1VP** Change Addition
NAME **Gerald Eberly**
STREET ADDRESS **27 Nowell St. (P.O. Box 616012)**
CITY-ST-ZIP **Orlando, FL 32835 (Orlando 32861)**

TITLE **TD** Delete
NAME **COLE, MARGUERITE K**
STREET ADDRESS **6443 OLD WINTER GARDEN ROAD**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Marguerite K. Cole*
Marguerite K. Cole, Treasurer 4/6/06

407-293-0951