


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 033 ****61.25

DOCUMENT # N21862 1. Entity Name THE ORLO VISTA CHAMBER OF COMMERCE	
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Principal Place of Business 38 SOUTH HASTINGS STREET ORLANDO FL 32835 US	Mailing Address P.O. BOX 616556 ORLANDO FL 32861 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent COLE, MARGUERITE K 6443 OLD WINTER GARDEN RD ORLANDO FL 32835	
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4. FEI Number 59-1652428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEITELBAUM, LUANN 6618 CHANTRY ST ORLANDO FL 32835 <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 MEGGINSON, ANNIE 126 W VIRGIL ST APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P OLIVER, DORIS 35 N. BUENA VISTA DR. ORLANDO, FLORIDA 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP BRAGG, FRANCES PO BOX 616146 ORLANDO FL 32861-6146 <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	D1 OLIVER, DORIS 35 N BUENA VISTA DR ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D1 KLOS, MARY 210 N. NOWELL STREET ORLANDO, FLORIDA 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP EBERLY, GERALD 27 NOWELL ST, POB 616012, 32861 ORLANDO FL 32835 <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	TD COLE, MARGUERITE K 6443 OLD WINTER GARDEN ROAD ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **2-15-07** **407-293-0951**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #