

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21862

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE ORLO VISTA CHAMBER OF COMMERCE

Current Principal Place of Business:

38 S HASTINGS ST
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 616556
ORLANDO, FL 32861 US

New Mailing Address:

FEI Number: 59-1652428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, MARGUERITE K
6443 OLD WINTER GARDEN RD
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TEITELBAUM, LUANN
Address: 6618 CHANTRY ST
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: OLIVER, DORIS
Address: 35 N. BUENA VISTA DR.
City-St-Zip: ORLANDO, FL 32835

Title: 2VP () Delete
Name: BRAGG, FRANCES
Address: PO BOX 616146
City-St-Zip: ORLANDO, FL 328616146

Title: D1 () Delete
Name: KLOS, MARY
Address: 210 N. NOWELL ST.
City-St-Zip: ORLANDO, FL 32835

Title: 1VP () Delete
Name: EBERLY, GERALD
Address: 27 NOWELL ST, POB 616012, 32861
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: COLE, MARGUERITE K
Address: 6443 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: COLE, HAROLD
Address: 6443 OLD WINTER GARDEN RD
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGUERITE K. COLE

TD

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date