


**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90064 036 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000027**

1. Corporation Name

**THE CHAMBER FOUNDATION, INC.**

Principal Place of Business

1425 E. VINE STREET  
KISSIMMEE FL 34744

Mailing Address

1425 E. VINE STREET  
KISSIMMEE FL 34744

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/28/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3183973	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORNER, MIKE**  
 1425 E VINE STREET  
 KISSIMMEE FL 34744

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIPLEY, KEN	1.2 NAME	TOM TOMPKINS
STREET ADDRESS	1101 E DONEGAN AVENUE	1.3 STREET ADDRESS	1731 BOGGY CREEK ROAD
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, ATLEE	2.2 NAME	
STREET ADDRESS	705-A E OAK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, LINDA	3.2 NAME	
STREET ADDRESS	831 W OAK STREET #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCTEER, EVERETT	4.2 NAME	
STREET ADDRESS	1425 E VINE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THACKER, JO	5.2 NAME	
STREET ADDRESS	17 S VERNON AVENUE ROOM 112	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLWOOD, ED	6.2 NAME	
STREET ADDRESS	817 BILL BEACK BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.99

Date

407.947.3174

Da time Phone

CR2037 (4/98)