2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764326

FILED Feb 07, 2005 Secretary of State

Entity Name: THE GREATER OVIEDO CHAMBER OF COMMERCE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

200 W. BROADWAY STREET OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

P O BOX 621236 OVIEDO, FL 327621236 US

FEI Number: 59-2222741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHN D MAHAFFEY 800 W STATE RD 426 STE A OVIEDO, FL 32765 US

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:

- Flateric Circular (Davidson | Annal

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 STEIN, W. JEFFRY
 Name:
 O'CONNOR, CORDELL DR

 Address:
 1420 ALAFAYA TRAIL, STE. 104
 Address:
 1958 TURNBERRY DRIVE

 City-St-Zip:
 OVIEDO, FL 32765
 OVIEDO, FL 32765

Title: VD () Delete Title: VD (X) Change () Addition

Name: O'CONNOR, CORDELL DR Name: HENGEHOLD, KIM

Address: 1958 TURNBERRY DRIVE Address: 997 W. BROADWAY STREET

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete Title: TD (X) Change () Addition Name: VAUGHAN, JEFF, Name: PARKER, GARY

 Address:
 361 CENTRAL AVE
 Address:
 2127 W. STATE ROAD 434

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 LONGWOOD, FL 32779

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 HENGEHOLD, KIM
 Name:
 HOWARD, SUSAN

 Address:
 997 W. BROADWAY STREET
 Address:
 1975 WEST S.R. 426

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORDELL O'CONNOR PD 02/07/2005