

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000027

FILED
Feb 14, 2005
Secretary of State

Entity Name: THE CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

1425 E. VINE STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1425 E. VINE STREET
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3183973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNER, MIKE
1425 E VINE STREET
KISSIMMEE, FL 34744 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: D () Delete
Name: SHIPLEY, KEN
Address: 1101 E DONEGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D () Delete
Name: MERCER, ATLEE
Address: 705-A E OAK STREET
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D () Delete
Name: GOODWIN, LINDA
Address: 931 W OAK STREET #100
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D () Delete
Name: WHITE, TOM
Address: 920 N. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: TOMPKINS, TOM
Address: 1731 BOGGY CREEK RD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: SMALLWOOD, ED
Address: 817 BILL BEACK BLVD
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: SINES, DONNA
Address: 1502 B VILLAGE OAK LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change () Addition
Name: MOLNAR, ROB
Address: PO BOX 824
City-St-Zip: GOTHIA, FL 34734

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: ATLEE MERCER

D

02/14/2005

Electronic Signature of Signing Officer or Director

Date