

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764326

FILED  
Mar 01, 2006  
Secretary of State

**Entity Name:** THE GREATER OVIEDO CHAMBER OF COMMERCE, INCORPORATED

**Current Principal Place of Business:**

200 W. BROADWAY STREET  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 621236  
OVIEDO, FL 327621236 US

**New Mailing Address:**

**FEI Number:** 59-2222741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHN D MAHAFFEY  
800 W STATE RD 426  
STE A  
OVIEDO, FL 32765 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: PD ( ) Delete  
Name: O'CONNOR, CORDELL DR  
Address: 1958 TURNBERRY DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete  
Name: HENGHOLD, KIM  
Address: 997 W. BROADWAY STREET  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: PARKER, GARY  
Address: 2127 W. STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete  
Name: HOWARD, SUSAN  
Address: 1975 WEST S.R. 426  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HENGHOLD, KIMBERLY  
Address: 997 W. BROADWAY STREET  
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change ( ) Addition  
Name: STAHL, DAVID  
Address: 1700 E. MITCHELL HAMMOCK ROAD  
City-St-Zip: OVIEDO, FL 32765

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

Title: SD (X) Change ( ) Addition  
Name: GARROW, LYNNE  
Address: 620 N. WYMORE ROAD, STE. 230  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY HENGHOLD

PD

03/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date