

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764599

**FILED**  
**Jan 28, 2020**  
**Secretary of State**  
**6461538078CC****Entity Name:** KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**1425 E VINE ST  
KISSIMMEE, FL 34744**Current Mailing Address:**1425 E VINE ST  
KISSIMMEE, FL 34744**FEI Number:** 59-0319865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWSTREET, JOHN D  
1425 E VINE ST  
KISSIMMEE, FL 34744 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:** JOHN D NEWSTREET

01/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title REGISTERED AGENT

Name NEWSTREET, JOHN

Address 1425 E VINE STREET

City-State-Zip: KISSIMMEE FL

Title DIRECTOR

Name MERCER, ATLEE

Address 1585 THE OAKS BLVD

City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR

Name ROSEN, ROB

Address 109 E MONUMENT AVE

City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR

Name CRAIN, KEVIN

Address 2775 C OLD DIXIE HWY

City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR

Name SEKULA, ADRIANNA

Address PO BOX 10000

City-State-Zip: LAKE BUENA VISTA FL 32830

Title DIRECTOR

Name JENNIFER, BONDY

Address 100 CHURCH STREET

City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR

Name BEEMAN, ALLISON

Address 5052 LUNN ROAD

City-State-Zip: LAKELAND FL 33811

Title DIRECTOR

Name HURD, REBEKAH

Address 2520 N ORANGE AVE. #200

City-State-Zip: ORLANDO FL 32804

**Continues on page 2**

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN D. NEWSTREET

DIRECTOR

01/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BUEHLER, AMY
Address	6900 TAVISTOCK BLVD #400
City-State-Zip:	ORLANDO FL 32827