

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764599

FILED
Jan 18, 2018
Secretary of State
CC1025820656

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

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GENT, CHRIS
Address 1701 WEST CARROLL STREET
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name FINKENBINDER, TIMOTHY
Address 100 CHURCH STREET
City-State-Zip: KISSIMMEE FL 34741

Title REGISTERED AGENT
Name NEWSTREET, JOHN
Address 1425 E VINE STREET
City-State-Zip: KISSIMMEE FL

Title DIRECTOR
Name KENDIG-SCHRADER, JULIE
Address 450 S ORANGE AVE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MAZON, STEVE
Address 1108 NEW YORK AVENUE
City-State-Zip: ST. CLOUD FL 34769

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

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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

CEO

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SEKULA, ADRIANNA
Address PO BOX 10000
City-State-Zip: LAKE BUENA VISTA FL 32830