

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764599

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**8570568119CC**

**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

02/15/2021

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 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

Title DIRECTOR  
Name SCURLOCK, THEARON  
Address 1425 E VINE ST  
City-State-Zip: KISSIMMEE FL 34744

**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

**REGISTERED AGENT**

02/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GOODWIN-NICHOLS, LINDA  
Address        917 W. EMMETT STREET  
City-State-Zip: KISSIMMEE FL 34741