

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N13000003707

**Entity Name:** CENTRAL FLORIDA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

4769 FISKE CIRCLE  
ORLANDO, FL 32826

**Current Mailing Address:**

2000 WEST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WILLIAMS, LEVI  
600 SOUTH ANDREWS AVE  
600  
FORT LAUDERDALE, FL 33301 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:** LEVI WILLIAMS

04/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ZOLNOWSKI, LARRY  
Address 1414 N.LAKEVIEW AVE  
City-State-Zip: LEESBURG FL 34748

Title VP  
Name ZOLNOWSKI, TERRY  
Address 1414 NORTH LAKEVIEW AVE  
City-State-Zip: LEESBURG FL 34748

Title D  
Name KUGELMAN, MARTY  
Address 2425 EAST COMMERCIAL BLVD SUITE 103  
City-State-Zip: FORT LAUDERDALE FL 33308

Title DIRECTOR  
Name HAAG, SHAWN  
Address 2000 WEST COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name KENNEDY, TIMOTHY  
Address 2000 WEST COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name WILKENS, JOSEPH  
Address 2000 WEST COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** LARRY ZOLNOWSKI

PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date