

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21862

**FILED  
Mar 27, 2018  
Secretary of State  
CC5584014524**

**Entity Name:** THE ORLO VISTA CHAMBER OF COMMERCE

**Current Principal Place of Business:**

38 S HASTINGS ST  
ORLANDO, FL 32835

**Current Mailing Address:**

P.O. BOX 616556  
ORLANDO, FL 32861 US

**FEI Number:** 59-1652428

**Certificate of Status Desired:** Yes

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

RIVERA, MAYRA  
38 S HASTINGS ST  
ORLANDO, FL 32835 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:** MAYRA RIVERA

03/27/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RIVERA, MAYRA  
Address        121 NORTH NOWELL ST  
City-State-Zip: ORLANDO FL 32835

Title            VP  
Name            EBERLY, GERALD L  
Address        118 MURRY RD  
City-State-Zip: ORLANDO FL 32811

Title            2VP  
Name            AMOS, JULIUS  
Address        218 RONNIE CIRCLE  
City-State-Zip: ORLANDO FL 32811

Title            TREASURER  
Name            MELI, DEBI K  
Address        6001 CONDOR RD.  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR 1  
Name            DOUGLAS, CLAUDIA  
Address        6245 W CHANTRY ST.  
City-State-Zip: ORLANDO FL 32835

Title            DIRECTOR 2  
Name            MAPLES, LINDA  
Address        427 NORTH HART BLVD  
City-State-Zip: ORLANDO FL 32835

Title            SECRETARY  
Name            THOMAS, SHARON  
Address        5455 W WASHINGTON ST  
City-State-Zip: ORLANDO FL 32811

*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:** SHARON THOMAS

**SECRETARY**

03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date