

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21862

**FILED**  
**Apr 02, 2013**  
**Secretary of State**  
**CC8019147011**

**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:**

EBERLY, GERALD L  
118 MURRY DRIVE  
ORLANDO, FL 32811 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

Title 2VP  
Name KLOS, MARY  
Address 210 N. NOWELL ST  
City-State-Zip: ORLANDO FL 32835

Title D1  
Name GUEST, TAMMY  
Address 419 CHANDLER AVE.  
City-State-Zip: ORLANDO FL 32835

Title TD  
Name COLE, MARGUERITE K  
Address 6443 OLD WINTER GARDEN ROAD  
City-State-Zip: ORLANDO FL 32835

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

*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: GERALD EBERLY**

**PRESIDENT**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date