

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704549

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** TAVARES CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

912 N. SINCLAIR AVENUE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

912 N. SINCLAIR AVENUE  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 59-0671879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCGINLEY, COLLEEN  
912 N. SINCLAIR AVE  
TAVARES, FL 32778 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** BENNETT, LINDA J  
**Address:** 303 EAST MAIN STREET  
**City-St-Zip:** TAVARES, FL 32778

**Title:** VP  
**Name:** COVAL, JACQUELYN  
**Address:** 15119 US HWY 441  
**City-St-Zip:** EUSTIS, FL 32726

**Title:** TRES  
**Name:** NOACK, JANET  
**Address:** 2701 S. BAY ST  
**City-St-Zip:** EUSTIS, FL 32726

**Title:** DIR  
**Name:** PISCIOTTA, KELLY  
**Address:** P.O. BOX 186  
**City-St-Zip:** EUSTIS, FL 32727

**Title:** SEC  
**Name:** CRISP, CHERYL  
**Address:** 255 WATERMAN AVENUE  
**City-St-Zip:** MOUNT DORA, FL 32757

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:** COLLEEN A. MCGINLEY

ED

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date