
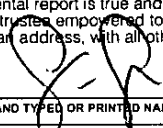


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90108 049 \*\*\*\*61.25

<b>DOCUMENT # 706443</b> 1. Entity Name <b>WINTER PARK CHAMBER OF COMMERCE INC</b>					
Principal Place of Business <b>150 NORTH NEW YORK AVENUE P.O. BOX 280 WINTER PARK, FL 32789-3116</b>			Mailing Address <b>150 NORTH NEW YORK AVENUE P.O. BOX 280 WINTER PARK, FL 32789-3116</b>		
2. Principal Place of Business <b>507 N. New York Ave.</b>		3. Mailing Address <b>P.O. Box 280</b>			
Suite, Apt. #, etc. <b>Suite 102</b>		Suite, Apt. #, etc. 			
City & State <b>Winter Park FL</b>		City & State <b>Winter Park FL</b>		4. FEI Number <b>59-0514615</b>	
Zip <b>32789</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32792</b>		Country <b>Orange</b>		6. Name and Address of Current Registered Agent <b>STARK, SAM 150 NEW YORK AVE. WINTER PARK, FL 32789</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>507 N. New York Ave. Suite 102</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STARK, SAM 150 NEW YORK AVE. WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING JR, FRANK 4901 VINELAND RD STE 200 ORLANDO, FL 32811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DORMAN, JAMES B 341 N. MAITLAND AVE., SUITE 250 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WALKER, WILLIAM A 250 PARK AVE. S, 5TH FLOOR WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maddox, Patricia 220 Edinburgh Drive Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>Sam Stark</b> <span style="float: right;">1.19.06</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					