

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Iannam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:12

DOCUMENT # 710040

(7)

1. Corporation Name

THE LAKE MARY CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

Mailing Address

3821 LAKE EMMA RD
 P.O. BOX 850817
 LAKE MARY FL 32795-7817

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 P.O. BOX 850817
 LAKE MARY FL 32795-7817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1965** 3a. Date of Last Report **05/01/1994**

4. FEI Number **23-7256681** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election to be subject to tax as a Trust or other entity ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No **Not enough**

2. Principal Place of Business

2a. Mailing Address

21

2b

State, Apt # etc

State, Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARAWAY, MARIAN L CPA
 327 S. HWY 427
 LONGWOOD FL 32750**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Agent or Registered Agent in Charge

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any, list name, title, address, and telephone number)

TITLE **SD**
 NAME **COOMBS, GINNY**
 STREET ADDRESS **2960 PINE WAY**
 CITY, ST, ZIP **SANFORD FL**

11 TITLE **SD**
 12 NAME **Melodie Cooper**
 13 STREET ADDRESS **106 Laguna Court**
 14 CITY, ST, ZIP **Sanford, FL 32773**

TITLE **VD**
 NAME **STARCHER, RICHARD**
 STREET ADDRESS **P.O. BOX 150100 N/A**
 CITY, ST, ZIP **ALTAMONTE SPRINGS FL 32715**

17 TITLE **VD**
 18 NAME **James Cox**
 19 STREET ADDRESS **310 Longwood / Lake Mary Road**
 20 CITY, ST, ZIP **Lake Mary, FL 32746**

TITLE **PD**
 NAME **BLACK, GINER**
 STREET ADDRESS **3813 LAKE EMMA RD.**
 CITY, ST, ZIP **LAKE MARY FL**

31 TITLE **PD**
 32 NAME **Sid Miller**
 33 STREET ADDRESS **3200 Lake Emma Road**
 34 CITY, ST, ZIP **Lake Mary, FL 32746**

TITLE **D**
 NAME **RANKIN, JUDY**
 STREET ADDRESS **5301 LAKE BLUFF TERRACE**
 CITY, ST, ZIP **SANFORD FL**

41 TITLE **VD**
 42 NAME **Vickie McPherson**
 43 STREET ADDRESS **251 Mastland Avenue, Ste 209**
 44 CITY, ST, ZIP **Altamonte Springs FL 32701**

TITLE **TD**
 NAME **CARAWAY, MARIAN L**
 STREET ADDRESS **P.O. BOX 522140 N/A**
 CITY, ST, ZIP **LONGWOOD FL 32752-2140**

51 TITLE **TD**
 52 NAME **Dana McBroom**
 53 STREET ADDRESS **1120 W. First Street Suite A**
 54 CITY, ST, ZIP **Sanford FL 32771**

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Dana McBroom** **Dana McBroom**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95 **401-333-4748**
 Date Telephone