

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710040 (7)
1. Corporation Name
THE LAKE MARY CHAMBER OF COMMERCE, INCORPORATED



Principal Place of Business

3821 LAKE EMMA RD
P.O. BOX 950817
LAKE MARY FL 32795-7817

Mailing Address

3821 LAKE EMMA RD
P.O. BOX 950817
LAKE MARY FL 32795-7817

3. Date Incorporated or Qualified
12/13/1965

3a. Date of Last Report
06/30/1995

2. Principal Place of Business

2a. Mailing Address

21 115 International Pkwy

26 115 International Parkway

23-7256681

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Heathrow, FL

28 Heathrow, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 32746

25

29 32746

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Change address
only

81 Name

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

108 Wagon Wheel Way

83

84 City

Lake Mary

FL

85 Zip Code

32746

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: Marian L. Caraway, CPA

Marian L. Caraway, CPA

4/30/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when instituting)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COOPER, MELODIE
106 LANGUNA COURT
SANFORD FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
COX, JAMES
390 LONGWOOD/LAKE MARY ROAD
LAKE MARY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

200001854922
-06/07/96--01011--019
***61.25

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MILLER, SID
3200 LAKE EMMA ROAD
LAKE MARY FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P.O.
Frank Baker
115 International Parkway
Heathrow, FL 32746

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MCIPHERSON, VICKIE
251 MAITLAND AVENUE, SUITE 209
ALTAMONTE SPRINGS FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MCBROWN, DANA
112 D W 1ST STREET SUITE A
SANFORD FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Treasurer - Director
Marian L. Caraway
108 Wagon Wheel Way
Lake Mary, FL 32746

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marian L. Caraway

4/30/96

(407)330-1882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)