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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 710040 (7)
1. Corporation Name
THE LAKE MARY CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

Mailing Address

115 INTERNATIONAL PKWY.
STE B
HEATHRON FL 32746115 INTERNATIONAL PKWY.
STE B
HEATHRON FL 32748-5007

Heathrow

Heathrow

3. Date Incorporated or Qualified
12/13/19653a. Date of Last Report
06/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23-7256681

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution5.00 May Be
Added to Fees

24

25

29

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
108 WAGON WHEEL WAY
LAKE MARY FL 32748

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

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

DELETE

TITLE PD
NAME BAKER, FRANK
STREET ADDRESS 115 INTERNATIONAL PKWY.
CITY-ST-ZIP HEATHRON FL 32748

DELETE

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

DELETE

TITLE TD
NAME CARAWAY, MARIAN L
STREET ADDRESS 108 WAGON WHEEL WAY
CITY-ST-ZIP LAKE MARY FL 32748

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPPO
Kathie Ragan
4894 W. Lake Mary Blvd
Lake Mary, FL 32746

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPSD
Dana McBroom
1120 W. 1st Street
Sanford, FL 32771

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPVD
Louis Di Paolo
2882 Lake Mary Blvd
Lake Mary, FL 32746

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

1/20/97 (407) 320-1882

Date

Daytime Phone # 0012048

CR2E037 (9/96)