

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90118 005 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710040

1. Corporation Name

THE LAKE MARY CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

101 INTERNATIONAL PKWY

STE 8

HEATHROW FL 32746

US

Mailing Address

101 INTERNATIONAL PKWY

STE 8

HEATHROW FL 32746

US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

12/13/1965

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7256681

Applied For

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 Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOCOLA, SUSAN H CPA
1220 DOUGLAS AVE SUITE 207
LONGWOOD FL 32779

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 ☐ DELETE

NAME DIPALO, LOUIS
STREET ADDRESS 2882 LAKE MARY BLVD
CITY-ST-ZIP LAKE MARY FL 32746

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DIRECTOR

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME WENTWORTH, OWEN
STREET ADDRESS 3200 LAKE EMMA RD
CITY-ST-ZIP LAKE MARY FL 32746

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PRESIDENT

WENTWORTH, OWEN

101 INTERNATIONAL PARKWAY
HEATHROW, FL 32746

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME CHOCOLA, SUSAN
STREET ADDRESS 1220 DOUGLAS AVE SUITE 207
CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/99 (407) 869-4000

CR2E037 (11/98)