

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 28 1996 8:00 am  
Secretary of State

DOCUMENT # **717758 (7)**  
1. Corporation Name  
**GREATER SANFORD CHAMBER OF COMMERCE, INC.**



Principal Place of Business Mailing Address  
**400 E. FIRST STREET SANFORD FL 32771**

3. Date Incorporated or Qualified **11/02/1945** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **above** 26 **above**  
Suite, Apt. #, etc. Suite Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 25 29 30

4. FEI Number **59-0440968** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FARR, DAVID J.**  
**400 E. FIRST STREET**  
**SANFORD FL 32771**

10. Name and Address of New Registered Agent  
81 Name **Wanda F. Kelly**  
82 Street Address (P.O. Box Number is Not Acceptable) **400 E. First Street**  
83  
84 City **Sanford** FL 85 Zip Code **32771**

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 **Wanda F. Kelly** **Wanda S. Kelly** **1/25/96**  
Signature, typed or printed name of registered agent or officer or director Signature, typed or printed name of registered agent or officer or director DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMSON, BRENT	
STREET ADDRESS	401 W 13TH STREET	
CITY - ST - ZIP	SANFORD FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VON HERBULIS, BOBBY	
STREET ADDRESS	2290 W AIRPORT BLVD	
CITY - ST - ZIP	SANFORD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FARMER, ANDREA	
STREET ADDRESS	P O BOX 470309 N/A	
CITY - ST - ZIP	LAKE MONROE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1996

11 TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
12 NAME	Bobby VanHerbulis	
13 STREET ADDRESS	2290 W. Airport Blvd.	
14 CITY - ST - ZIP	Sanford Fla. 32771	
21 TITLE	Vice President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
22 NAME	Sandra Glenn	
23 STREET ADDRESS	2311 S. French Avenue	
24 CITY - ST - ZIP	Sanford, Fla. 32771	
31 TITLE	Treasurer - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
32 NAME	Doug Sillis	
33 STREET ADDRESS	149 Seminole Blvd.	
34 CITY - ST - ZIP	Sanford Fla. 32771	
41 TITLE	Past President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
42 NAME	Brent Adamson	
43 STREET ADDRESS	401 W. 13th Street	
44 CITY - ST - ZIP	Sanford, Fla. 32771	
51 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
52 NAME	Wanda F. Kelly	
53 STREET ADDRESS	1062 Crystal Bowl Circle	
54 CITY - ST - ZIP	Casselberry, Fla. 32707	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add-on
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: **Wanda S. Kelly** **1/25/96** **407-322-2212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)

01/28/96