

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 717758

FILED
Oct 20, 2004
Secretary of State**Entity Name:** SANFORD/SEMINOLE COUNTY CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**400 E. FIRST STREET
SANFORD, FL 32771**New Principal Place of Business:****Current Mailing Address:**400 E. FIRST STREET
SANFORD, FL 32771**New Mailing Address:****FEI Number:** 59-0440968**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GORDON, ANGELIA
400 E. FIRST STREET
SANFORD, FL 32771 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** T () Delete
Name: KIMELMAN, ROBERT
Address: 205 N. ELM AVE.
City-St-Zip: SANFORD, FL 32771**Title:** D () Delete
Name: TRIPLETT, JEFF
Address: 413 W 1ST STREET
City-St-Zip: SANFORD, FL 32771**Title:** C () Delete
Name: GIERACH, DAVID
Address: 500 W. FULTON ST.
City-St-Zip: SANFORD, FL 32772**Title:** D () Delete
Name: OSBORNE, PAUL
Address: 1741 MISSOURI AVE.
City-St-Zip: SANFORD, FL 32771**Title:** D () Delete
Name: SCOTT, BRUCE REV.
Address: 301 S. OAK AVENUE
City-St-Zip: SANFORD, FL 32771**Title:** D () Delete
Name: KUHN, BOB
Address: 305 SO. PALMETTO AVE.
City-St-Zip: SANFORD, FL 32771**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GIERACH

D

10/20/2004

Electronic Signature of Signing Officer or Director

Date