


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 717758
 1. Entity Name
SANFORD CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address
400 EAST FIRST STREET **400 EAST FIRST STREET**
SANFORD, FL 32771 US **SANFORD, FL 32771 US**

DO NOT WRITE IN THIS SPACE



07122006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0440968	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HICKS, PAT
400 EAST FIRST STREET
SANFORD, FL 32771

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Pat Hicks* DATE: 7/12/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OSBORNE, PAUL 1741 MISSOURI AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRIPLETT, JEFF 3001 W LAKE MARY BLVD. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORIAN, ROBERT 550 NORTH PALMETTO AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DAVID 2311 S. FRENCH ST. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000572570
 07/28/06-80003-009 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Osborne* Paul Osborne 7/24/06 (407) 718-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #