

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717758

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** SANFORD CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

400 EAST FIRST STREET  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 EAST FIRST STREET  
SANFORD, FL 32771 US

**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:**

HICKS, PAT  
400 EAST 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: C ( ) Delete  
Name: OSBORNE, PAUL  
Address: 1741 MISSOURI AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: TRIPLETT, JEFF  
Address: 3001 W LAKE MARY BLVD.  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: HORIAN, ROBERT  
Address: 550 NORTH PALMETTO AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: TAYLOR, DAVID  
Address: 2311 S. FRENCH ST.  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: FINNERTY, LISA  
Address: 705 S. FRENCH AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change ( ) Addition  
Name: KIMELMAN, ROB  
Address: 205 N. ELM  
City-St-Zip: SANFORD, FL 32772

Title: D (X) Change ( ) Addition  
Name: MONTISANO, JOE  
Address: 3755 NW HIGHWAY 17-92  
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: HICKS, PAT  
Address: 400 EAST FIRST STREET  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAT HICKS

S

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date