

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717758

FILED  
Jan 26, 2012  
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:**

CZOPP, PAM  
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  
Name: COENSON, BARBARA  
Address: 1301 S. INTERNATIONAL PKWY, STE. 1041  
City-St-Zip: LAKE MARY, FL 32745

Title: T  
Name: BARTH, SEAN  
Address: 4055 ST. JOHN'S PARKWAY  
City-St-Zip: SANFORD, FL 32771

Title: VC  
Name: CARAWAY, MICHAEL  
Address: 250 INTERNATIONAL PKWY, STE. 108  
City-St-Zip: LAKE MARY, FL 32746

Title: PC  
Name: LYON, LEIGH ANN  
Address: 201 S. PARK AVE  
City-St-Zip: SANFORD, FL 32771

Title: S  
Name: CZOPP, PAM  
Address: 400 EAST FIRST STREET  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: PAM CZOPP

S

01/26/2012

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

\_\_\_\_\_  
Date