

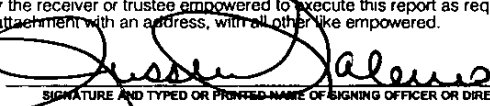


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90093 035 \*\*\*\*61.25

<b>DOCUMENT # 723537</b> 1. Entity Name <b>WEST ORANGE CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>12184 W COLONIAL DRIVE</b> <b>WINTER GARDEN, FL 34787 US</b>			Mailing Address <b>12184 W COLONIAL DRIVE</b> <b>WINTER GARDEN, FL 34787 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01032007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number <b>59-0576757</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DUVA, STINA</b> <b>12184 W COLONIAL DRIVE</b> <b>WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>ARDAMAN, KURT</b> <b>170 E. WASHINGTON ST.</b> <b>ORLANDO, FL 328012397</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>NEUMAYER, JAMES</b> <b>860 MARY'S PARK PLACE</b> <b>WINTER GARDEN, FL 34787</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CE</b> <b>SALERNO, RUSS</b> <b>1411 EDGEWATER DRIVE, #200</b> <b>ORLANDO, FL 32804</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <b>SALERNO, RUSS</b> <b>3378 EDGEWATER DR</b> <b>ORLANDO, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GOULD, PAM</b> <b>10000 W COLONIAL DR</b> <b>OCOE, FL 34761</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HRT</b> <b>KLEFFEL, JULIE</b> <b>13207 W. COLONIAL DR.</b> <b>WINTER GARDEN, FL 34787</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman-Elect</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>James Densmore</b> <b>8929 W. Colonial Dr</b> <b>OCOE, FL 34761</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			1/5/07 407-648-2120		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					