


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 723574</b>		
1. Entity Name <b>THE ST. CLOUD GREATER OSCEOLA CHAMBER OF COMMERCE, INCORPORATED</b>		
Principal Place of Business <b>1200 NEW YORK AVENUE ST. CLOUD, FL 34769</b>	Mailing Address <b>1200 NEW YORK AVENUE ST. CLOUD, FL 34769</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  <b>LANE, DAVID 1200 NEW YORK AVE ST. CLOUD, FL 34769</b>		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	D	
NAME	DORSEY, THOMAS	
STREET ADDRESS	1221 12TH STREET	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	D	
NAME	SILVA, JOANNE	
STREET ADDRESS	PO BOX 3193	
CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	P	
NAME	LANE, DAVID	
STREET ADDRESS	1200 NEW YORK AVENUE	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	D	
NAME	BENCA, CONNIE	
STREET ADDRESS	1099 SHADY LANE	
CITY-ST-ZIP	ST. CLOUD, FL	
TITLE	D	
NAME	BEARCE, ANITA	
STREET ADDRESS	4291 13TH STREET	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	D	
NAME	DRAPER, CHARLES	
STREET ADDRESS	2727 13TH ST.	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	
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 changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b> <u>David C. Lane</u> <b>DAVID C. LANE</b> <b>5-17-06</b> <b>407-892-3671</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



05152006 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-0432372** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000565764  
05/22/06-80012-008 61.25

**DO NOT WRITE  
IN THIS SPACE**