

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 723574**

**1. Entity Name**  
**THE ST. CLOUD GREATER OSCEOLA CHAMBER OF  
COMMERCE, INCORPORATED**



**Principal Place of Business**  
**1200 NEW YORK AVENUE  
ST. CLOUD, FL 34769**

**Mailing Address**  
**1200 NEW YORK AVENUE  
ST. CLOUD, FL 34769**



02072008 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**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LANE, DAVID  
1200 NEW YORK AVE  
ST. CLOUD, FL 34769**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**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** RAINEY, KEVIN  
**STREET ADDRESS** 4305 NEPTUNE RD.  
**CITY-ST-ZIP** ST. CLOUD, FL 34769

**TITLE** D  
**NAME** DRAPER, CHARLES  
**STREET ADDRESS** 2727 13TH ST.  
**CITY-ST-ZIP** SAINT CLOUD, FL 34769

000000930651  
05/21/08-80117-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:** *David C Lane* **DAVID C LANE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-08**  
Date

**407-892-3671**  
Daytime Phone #