2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727312

FILED Mar 26, 2009 Secretary of State

Entity Name: LAKE EUSTIS AREA CHAMBER OF COMMERCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1 ORANGE AVE 1 WEST ORANGE AVE EUSTIS, FL 32726 EUSTIS, FL 32726 US **Current Mailing Address: New Mailing Address:** PO BOX 1210 EUSTIS, FL 32727 US FEI Number: 59-0235915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEMENTO, SHARRON SEMENTO, SHARRON 1 WEST ORANGE AVENUE 1 ORANGÉ AVENUE EUSTIS, FL 32726 EUSTIS, FL 32726 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: 03/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COBB, JERRY HAYNES, LYNN Name: Name: Address: 1 WEST ORANGE AVE Address: 1 WEST ORANGE AVE City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726 Title: () Delete Title: (X) Change () Addition Name: HAYNES, LYNN Name: BUXMAN, JOHN Address: 1 W ORANGE AVE Address: 1 W ORANGE AVE City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726 Title: () Delete Title: () Change () Addition BORESS, ALLAN Name: Name: Address: 1 W ORANGE AVE Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: COBB, JERRY 1 WEST ORANGE AVE. Address: Address: City-St-Zip: City-St-Zip: EUSTIS, FL 32726

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: SHARRON SEMENTO ED 03/26/2009