FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

9 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730146 (8)

1. Corporate Name

GREATER SEMINOLE COUNTY CHAMBER OF COMMERCE INCO RPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4590 SO. HWY 17-92 CASSELBERRY FL 32707	4590 SO. HWY 17-92 CASSELBERRY FL 32707

3. Date Incorporated or Qualified: 07/05/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1563952 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STANLEY, FREDERIC, JR. 111 N. ORANGE AVENUE, SUITE 1225 ORLANDO FL 32801	81 Name: Frederic Stanley Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 990 Douglas Ave., Suite 100 83 84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Date)
(If changing Registered Agent, Registered Agent must sign above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	D ☒ Change ☐ Addition
12 NAME	WRIGHT, DAVID	12 NAME	Bill Dodd
13 STREET ADDRESS	2143 DEER HOLLOW DR	13 STREET ADDRESS	1000 AAA Blvd., Box 73
14 CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	Heathrow, Fl. 32746-5020
21 TITLE	D	21 TITLE	D ☒ Change ☐ Addition
22 NAME	SAMUELS, KEITH	22 NAME	Jeannie Hinsant
23 STREET ADDRESS	10000 AAA BLVD BOX 73	23 STREET ADDRESS	201 Live Oaks Blvd.
24 CITY ST ZIP	NEATHROW FL 80	24 CITY ST ZIP	Casselberry, Fl. 32707
31 TITLE	P	31 TITLE	D ☒ Change ☐ Addition
32 NAME	COLEY, WANDA F	32 NAME	Lynda Graham Mays
33 STREET ADDRESS	1062 CRYSTAL BOWL CIR	33 STREET ADDRESS	445 Wilford Ave.
34 CITY ST ZIP	CASSELBERRY FL	34 CITY ST ZIP	Longwood, Fl. 32750
41 TITLE	D	41 TITLE	T ☒ Change ☐ Addition
42 NAME	OBRIEN, KEN	42 NAME	Ken O'Brien
43 STREET ADDRESS	850 TRAFALGAR CT ROOM	43 STREET ADDRESS	850 Trafalgar Ct.
44 CITY ST ZIP	MAITLAND FL	44 CITY ST ZIP	Maitland, Florida 32751
51 TITLE		51 TITLE	C ☐ Change ☒ Addition
52 NAME		52 NAME	Malcolm MacDiarmid
53 STREET ADDRESS		53 STREET ADDRESS	305 East Semoran Blvd
54 CITY ST ZIP		54 CITY ST ZIP	Fern Park, Florida 32730
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynda G. Mays — 4/25/95 (Date) — 407-834-4404 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
LYNDA G. MAYS

0003004