

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **730146** (8)

1. Corporation Name

GREATER SEMINOLE COUNTY CHAMBER OF COMMERCE INCORPORATED



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STANLEY, FREDERIC JR
990 DOUGLAS AVE
SUITE 100
ALTAMONTE SPRINGS FL 32714**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DODD, BILL | |
| STREET ADDRESS | 1000 AAA BLVD BOX 73 | |
| CITY-ST-ZIP | HEATHROW FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VINCENT, JOANNIE | |
| STREET ADDRESS | 201 LIVE OAKS BLVD | |
| CITY-ST-ZIP | CASSELBERRY FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MAYS, LYNDIA GRAHAM | |
| STREET ADDRESS | 445 WILFORD AVE | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | OBRIEN, KEN | |
| STREET ADDRESS | 850 TRAFALGAR CT ROOM | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | MACDIARMID, MALCOLM | |
| STREET ADDRESS | 205 EAST SEMORAN BLVD | |
| CITY-ST-ZIP | FERN PARK FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Wayne, Weinberg | |
| 1.3 STREET ADDRESS | 4590 S. Hwy 17-92 | |
| 1.4 CITY-ST-ZIP | Casselberry, Florida | |
| 2.1 TITLE | Chair | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Joannie, Vincent | |
| 2.3 STREET ADDRESS | 201 Live Oaks Blvd. | |
| 2.4 CITY-ST-ZIP | Casselberry, Florida | |
| 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Mark McReynolds | |
| 3.3 STREET ADDRESS | 205 E. Semoran Blvd. | |
| 3.4 CITY-ST-ZIP | Altamonte Springs, Florida | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Malcolm MacDiarmid | |
| 5.3 STREET ADDRESS | 205 East Semoran Blvd. | |
| 5.4 CITY-ST-ZIP | Fern Park, Florida | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)