

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90098 018 ****70.00

DOCUMENT # 730146

1. Corporation Name

**GREATER SEMINOLE COUNTY CHAMBER OF COMMERCE INCO
RPORATED**

Principal Place of Business

4590 SO. HWY 17-92
CASSELBERRY FL 32707

Mailing Address

4590 SO. HWY 17-92
CASSELBERRY FL 32707



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/05/1974

4. FEI Number

59-1563952

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE
NAME **WEINBERG, WAYNE**
STREET ADDRESS **4590 S HWY 17-92**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☒ DELETE
NAME **VINCENT, JOANNIE**
STREET ADDRESS **201 LIVE OAKS BLVD**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **D** ☒ DELETE
NAME **MCREYNOLDS, MACK**
STREET ADDRESS **205 E SEMORAN BLVD**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **HULBERT, KEITH**
STREET ADDRESS **583 E. S.R. 434**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☒ DELETE
NAME **HOUMANN, LARS**
STREET ADDRESS **601 E ALTAMONTE DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Scheingold, Harvey**
1.3 STREET ADDRESS **1635 Bridgewater Drive**
1.4 CITY-ST-ZIP **Heathrow, FL. 32764**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Herbenar, Martin**
2.3 STREET ADDRESS **845 Sunshine Lane**
2.4 CITY-ST-ZIP **Altamonte Springs, FL. 32714**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Stange, William**
3.3 STREET ADDRESS **2675 West State Road 434**
3.4 CITY-ST-ZIP **Longwood, FL. 32779**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/20/99

(407) 834-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

0012737