


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738364					
1. Corporation Name GREATER ORANGE CITY AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business GREATER ORANGE CITY AREA CHAMBERS OF COMM 520 N VOLUSIA AVE ORANGE CITY FL 32763 US			Mailing Address 520 NORTH VOLUSIA AVENUE ORANGE CITY FL 32763		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/15/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1662493	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ALLGOOD, MATTHEW H 520 N VOLUSIA AVE ORANGE CITY FL 32763			81 Name Maryann D. Fiala		
			82 Street Address (P.O. Box Number is Not Acceptable) 1411 Twin Rivers Boulevard		
			83		
			84 City Oviedo FL 85 Zip Code 32763		

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 Maryann D. Fiala Maryann D. Fiala/Executive Director 22 Jan 99
 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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASCH, R PAUL	1.2 NAME	Pat Green
STREET ADDRESS	104 E MICHIGAN AVE	1.3 STREET ADDRESS	220 East Hubbard Avenue
CITY-ST-ZIP	LAKE HELEN FL 32744	1.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD MICK	2.2 NAME	Mick Heard
STREET ADDRESS	2240 S VOLUSIA AVE	2.3 STREET ADDRESS	2240 South Volusia Avenue
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	Orange City, Florida 32763
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWANTO, RUTH	3.2 NAME	Becky Anderson
STREET ADDRESS	674 DELTONA BLVD	3.3 STREET ADDRESS	1061 Medical Center Dr. #313
CITY-ST-ZIP	DELTONA FL 32725	3.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	ED <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLGOOD, MATTHEW H	4.2 NAME	Terri Beer
STREET ADDRESS	520 N VOLUSIA AVE	4.3 STREET ADDRESS	2730 Enterprise Road #A
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTOR, JUDI	5.2 NAME	Greg LeFils
STREET ADDRESS	2530 ENTERPRISE RD	5.3 STREET ADDRESS	165 S. Oak Avenue
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	Orange City, Florida 32763
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	M/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR SUSAN	6.2 NAME	Maryann Fiala
STREET ADDRESS	123 S INDUSTRIAL DR STE 104	6.3 STREET ADDRESS	1411 Twin Rivers Boulevard
CITY-ST-ZIP	ORANGE CITY FL 32763	6.4 CITY-ST-ZIP	Oviedo, FL 32766

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: Maryann D. Fiala Maryann D. Fiala 904-775-2793
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)