
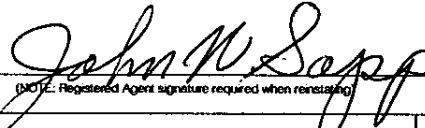


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90481 033 ****61.25

DOCUMENT # 743609 1. Entity Name LOCKHART, ORANGE COUNTY, FLORIDA, CHAMBER OF COMMERCE, INC.					
Principal Place of Business 7401 & 7406 EDGEWATER DR. ORLANDO, FL 32810 US			Mailing Address 5651 BRONNELL ST. ORLANDO, FL 32810 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4207 Lk. Lockhart Dr. Suite, Apt. #, etc.			
City & State City: _____ State: _____		City & State Orlando, FL. 32810 US.			
Zip 32810	Country U.S.	4. FEI Number 59-2509332		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARION R KELLY 5651 BROWNELL ST ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name John W. Sapp Street Address (P.O. Box Number is Not Acceptable) 4207 Lk. Lockhart Dr. City Orlando, FL. 32810 US. FL Zip Code 32810		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE John W. Sapp <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE April 20th 2004	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME KELLY, ROBERT E.		<input type="checkbox"/> Delete		
STREET ADDRESS 5651 BROWNELL ST	CITY-ST-ZIP ORLANDO, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD	NAME SAPP, JOHN		<input type="checkbox"/> Delete		
STREET ADDRESS 4207 LAKE LOCKHART DR	CITY-ST-ZIP ORLANDO, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME KELLY, MARION R.		<input type="checkbox"/> Delete		
STREET ADDRESS 5651 BROWNELL ST	CITY-ST-ZIP ORLANDO, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME Elizabeth Duncan		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 8081 Stone Rd.	CITY-ST-ZIP Apopka FL. 32703		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME Elizabeth Duncan		<input type="checkbox"/> Delete		
STREET ADDRESS 8081 Stone Rd.	CITY-ST-ZIP Apopka FL. 32703		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME Elizabeth Duncan		<input type="checkbox"/> Delete		
STREET ADDRESS 8081 Stone Rd.	CITY-ST-ZIP Apopka FL. 32703		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE John W. Sapp <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		DATE April 20th 2004		DAYTIME PHONE # 407-293-1487	