

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 038 ****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

**4207 LK. LOCKHART DR.
ORLANDO, FL 32810 US**

40004110



01172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2509332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAPP, JOHN W
4207 LK. LOCKHART DR.
ORLANDO, FL 32810**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLY, ROBERT E.
STREET ADDRESS 5651 BROWNELL ST
CITY-ST-ZIP ORLANDO, FL

TITLE TD
NAME SAPP, JOHN
STREET ADDRESS 4207 LAKE LOCKHART DR
CITY-ST-ZIP ORLANDO, FL

TITLE SD
NAME DUNCAN, ELIZABETH
STREET ADDRESS 8081 STONE RD.
CITY-ST-ZIP APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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