


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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
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01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2509332	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when re-filing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, ROBERT E. 5651 BROWNELL ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPP, JOHN 4207 LAKE LOCKHART DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNCAN, ELIZABETH 8081 STONE RD. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/01/06-80015-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 T.D.*