

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758287 (7)

1. Corporation Name

GOtha CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10807 GOTHA RD
GOtha FL 34734
US P O BOX 192
GOtha FL 34734
US

3. Date Incorporated or Qualified 11/03/1981 3a. Date of Last Report 05/01/1994
4. FEI Number 54-1938820 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LANGREHR, HOWARD
1485 HEMPEL AVE
P O BOX 494
GOtha FL 32734

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

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

DATE

12. OFFICERS AND DIRECTORS
TITLE DP
NAME TAYLOR, JIM
STREET ADDRESS 1725 HEMPEL AVE
CITY, ST, ZIP ORLANDO FL
TITLE DV
NAME ARDAMAN, KURT
STREET ADDRESS 170 E WASHINGTON ST
CITY, ST, ZIP ORLANDO FL
TITLE DS
NAME SATTEMEIER, JO
STREET ADDRESS 1812 HEMPEL AVE
CITY, ST, ZIP GOtha FL
TITLE DT
NAME LANGREHR, HOWARD
STREET ADDRESS 1485 HEMPEL AVE
CITY, ST, ZIP GOtha FL
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE ☒ Change ☐ Addition
32 NAME DS
33 STREET ADDRESS Teletha m. wery
34 CITY, ST, ZIP 10568 moore Rd
Gotha, FL 34734
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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 12, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jim Taylor *Jim Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
DATE

4/28/95-1080
FILED