## 2004 NOT-FOR-PROFIT CORPORATION

Mus Khea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_\_\_

## **FILED ANNUAL REPORT (AR)** Apr 29, 2004 8:00 am DOCUMENT # 761213 **Secretary of State** 1. Entity Name 04-29-2004 90257 032 \*\*\*\*61.25 THE GOLDENROD AREA CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 4755 PALMETTO AVE P.O.BOX 61 WINTER PARK FL 32792 COLDENROD FL 32733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2257198 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER SARAH Street Address (P.O. Box Number is Not Acceptable) 5216 LAZY OAKS DR WINTER PARK FL 32792 Zip Code 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE DED PED Change ★ Addition HOOD, DAVID E NAME NAME SANG, LINDA 5025 OLD HOWELL BRANCH ROAD STREET ADDRESS STREET ADDRESS 6976 Aloma Aue WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, Th 32792 SD TITLE Delete TITLE ☐ Change Addition CROSS, MILT NAME MAME Colley CARLTON E 7907 NASHUA LANE STREET ADDRESS 1850 Lee. Rd Ste # 115 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP CITY-ST-7IP WINTER PARK, 46 32789 TITLE ☐ Delete TITLE Change ☐ Addition FOX, DOROTHEA NAME NAME 5100 OLD HOWELL BENCH RD. STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition REGNEE, JOSEPH E JR Regner, Joseph E. JR NAME 1401 LEE RD STREET ADDRESS STREET ADDRESS 1121 DRANGE AUE ORLANDO FL 32810 CATY-ST-ZIP CITY-ST-ZIP WINTER PARK, IL 32789 TITLE HINKLEY, michael ☐ Delete TITLE ☐ Change Addition NAME NAME HINKLEY, Michael 7523 Aloma Aue STREET ADDRESS STREET ADDRESS 7523 Alona Auc WINTER PARK, IL 32792 CITY-ST-ZIP CITY-ST-7/P WINTER PARK, IL 32792 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-23-04

Daytime Phone #