

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|--|------------------------------|---|--|---|--|
| <b>DOCUMENT # 761213</b>   |                              |   |  |  |  |
| 1. Entity Name<br><b>THE GOLDENROD AREA CHAMBER OF COMMERCE, INC.</b>  |                              |   |  |   |  |
| Principal Place of Business<br>4755 PALMETTO AVE<br>WINTER PARK, FL 32792  |                              |   | Mailing Address<br>P.O. BOX 61<br>COLDENROD, FL 32733  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                              |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |                              |   | Suite, Apt. #, etc.  |   |  |
| City & State   |                              |   | City & State   |   |  |
| Zip  | Country                      | Zip   | Country  | 4. FEI Number<br>59-2257198   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                              |   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                              |   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>MILLER SARAH<br>5216 LAZY OAKS DR<br>WINTER PARK, FL 32792  |                              |   | 7. Name and Address of New Registered Agent<br>Name <u>DARLENE DANGEL</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>325 KIMI COURT</u><br>City <u>Casselberry</u> FL Zip Code <u>32707</u> |   |  |
| 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.<br><br>SIGNATURE <u><i>Darlene Dangel</i></u> DATE <u>4-26-07</u><br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>   |                              |   |  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| Make check payable to<br>Florida Department of State   |                              |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                              |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | PD                           | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | HARVEY, BOB                  |   | NAME   |   |  |
| STREET ADDRESS   | 6801 UNIVERSITY BLVD SUITE 9 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WINTER PARK, FL 32792        |   | CITY-ST-ZIP  |   |  |
| TITLE  | PP                           | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | SANG, LINDA                  |   | NAME   |   |  |
| STREET ADDRESS   | 6976 ALOMA AVE               |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WINTER PARK, FL 32792        |   | CITY-ST-ZIP  |   |  |
| TITLE  | PED                          | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | PHILLIPS, LAWRENCE           |   | NAME   |   |  |
| STREET ADDRESS   | 401 SOUTH SEMORAN BLVD       |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WINTER PARK, FL 32792        |   | CITY-ST-ZIP  |   |  |
| TITLE  | SD                           | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | MCLEOD, ROBIN                |   | NAME   |   |  |
| STREET ADDRESS   | 2282 SUNNYVIEW DR            |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | OVIEDO, FL 32765             |   | CITY-ST-ZIP  |   |  |
| TITLE  |                              | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   |                              |   | NAME   | <u>TD</u>   |  |
| STREET ADDRESS   |                              |   | STREET ADDRESS   | <u>Dorothea M. Fox</u>  |  |
| CITY-ST-ZIP  |                              |   | CITY-ST-ZIP  | <u>5100 Old Howell Br Rd</u>  |  |
|  |                              |   |  | <u>WINTER PARK, FL 32792</u>  |  |
| TITLE  |                              | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                              |   | NAME   |   |  |
| STREET ADDRESS   |                              |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                              |   | CITY-ST-ZIP  |   |  |
| 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: <u><i>DB Howell</i></u>   |                              |   | Date <u>4-26-07</u> Daytime Phone <u>407-677-5980</u>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                              |   |  |   |  |