

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761213

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE GOLDENROD AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

4755 PALMETTO AVE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 61
COLDENROD, FL 32733

New Mailing Address:

P.O.BOX 61
GOLDENROD, FL 32733

FEI Number: 59-2257198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANGEL, DARLENE
325 KIMI CT
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARVEY, BOB
Address: 6801 UNIVERSITY BLVD SUITE 9
City-St-Zip: WINTER PARK, FL 32792

Title: PP () Delete
Name: SANG, LINDA
Address: 6976 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

Title: PED () Delete
Name: PHILLIPS, LAWRENCE
Address: 401 SOUTH SEMORAN BLVD
City-St-Zip: WINTER PARK, FL 32792

Title: SD () Delete
Name: MCLEOD, ROBIN
Address: 2282 SUNNYVIEW DR
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: FOX, DOROTHEA M
Address: 5100 OLD HOWELL BR RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PHILLIPS, LAWRENCE
Address: 401 S. SEMORAN BLVD.
City-St-Zip: WINTER PARK, FL 32792

Title: PP (X) Change () Addition
Name: HARVEY, BOB
Address: 6801 UNIVERSITY BLVD. STE. 9
City-St-Zip: WINTER PARK, FL 32792

Title: PED (X) Change () Addition
Name: PETERSON, DAN
Address: 850 E. ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE PHILLIPS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date