

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# 764599

Entity Name: KISSIMMEE/OSCEOLA COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1425 E VINE ST
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1425 E VINE ST
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-0319865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNER, MIKE
1425 E VINE ST
KISSIMMEE, FL 34744 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: D () Delete
Name: WHITE, TOM
Address: 920 N. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: BALABAN, MARILYN
Address: 1703 W VINE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: LUPFER, SAM
Address: 222 CHURCH STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: WELSH, JIM
Address: P.O. BOX 423219
City-St-Zip: KISSIMMEE, FL 34742

Title: D () Delete
Name: GOODWIN, LINDA
Address: 931 W OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: SINES, DONNA
Address: 1502 B VILLAGE OAK LANE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: TOM WHITE

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date