

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# N00000003234

Entity Name: SEMINOLE COUNTY/LAKE MARY REGIONAL CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

725 PRIMERA BLVD  
100  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

725 PRIMERA BLVD  
100  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 59-3646781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PARKER, DIANE  
725 PRIMERA BLVD  
100  
LAKE MARY, FL 32746 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: P ( ) Delete  
Name: PARKER, DIANE  
Address: 230 N. WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DC ( ) Delete  
Name: OWEN, LYNN  
Address: 206 HILCREST ST.  
City-St-Zip: ORLANDO, FL 32802

Title: DTS ( ) Delete  
Name: ANDERSON, EUGENE  
Address: 901 N. LAKE DESTINY ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: GREEN, TOM  
Address: 200 COLONIAL CENTER PKWY #142  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: OWEN, LYNN  
Address: 206 HILCREST ST.  
City-St-Zip: ORLANDO, FL 32802

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

Title: DC (X) Change ( ) Addition  
Name: GREEN, TOM  
Address: 200 COLONIAL CENTER PKWY #142  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANE PARKER

P

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date