2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90056 002 ****61.25

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

400619495

Principal Place of Business	Mailing Address
725 PRIMERA BLVD 100 LAKE MARY, FL 32746	725 PRIMERA BLVD 100 LAKE MARY, FL 32746

03282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1055 AAA DRIVE	1055 AAA DRIVE
Suite, Apt. #, etc.: 153	Suite, Apt. #, etc.: 153
City & State: HEATHROW	City & State: HEATHROW
Zip: 32746 Country: SEMINOLE	Zip: 32746 Country: SEMINOLE

4. FEI Number: 59-3646781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, DIANE
725 PRIMERA BLVD
100
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: JOHN ASHWORTH
Street Address (P.O. Box Number is Not Acceptable): 1055 AAA DRIVE, SUITE 153
City: HEATHROW FL Zip Code: 32746

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: John Ashworth 4/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARKER, DIANE 725 PRIMERA BLVD. LAKE MARY, FL 32746	☑ Delete	PRESIDENT JOHN ASHWORTH 1055 AAA DRIVE, SUITE 153 HEATHROW, FL 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, DENNIS 940 WILLISTON PARK POINT LAKE MARY, FL 32746	☑ Delete	DC BILLY RALEY 30 SKYLINE DRIVE LAKE MARY, FL 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS GERALD, ROUX 707 MENDHAM BLVD., SUITE 200 ORLANDO, FL 32825	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC IOPPOLO, FRANK JR 450 S. ORANGE AVE., SUITE 650 ORLANDO, FL 32805	☑ Delete	DIRECTOR BEV WINESBURGH P.O. BOX 160430 ALTAMONTE SPRINGS, FL 32716	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: John Ashworth 4/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #