

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003234

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

1055 AAA DRIVE
153
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1055 AAA DRIVE
153
LAKE MARY, FL 32746

New Mailing Address:

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

Name and Address of Current Registered Agent:

ASHWORTH, JOHN
1055 AAA DRIVE, SUITE 153
HEATHROW, 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: ASHWORTH, JOHN
Address: 1055 AAA DRIVE, SUITE 153
City-St-Zip: LAKE MARY, FL 32746

Title: DR () Delete
Name: RALEY, BILLY
Address: 30 SKYLINE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: DTS () Delete
Name: GERALD, ROUX
Address: 707 MENDHAM BLVD., SUITE 200
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: WINESBURGH, BEN
Address: P.O. BOX 160430
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ASHWORTH, JOHN
Address: 1055 AAA DRIVE, SUITE 153
City-St-Zip: LAKE MARY, FL 32746

Title: DIR. (X) Change () Addition
Name: RALEY, BILLY
Address: 30 SKYLINE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: DIR (X) Change () Addition
Name: GERALD, ROUX
Address: 707 MENDHAM BLVD., SUITE 200
City-St-Zip: ORLANDO, FL 32825

Title: DIR (X) Change () Addition
Name: WINESBURGH, BEV
Address: P.O. BOX 160430
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: DT () Change (X) Addition
Name: SLATTERY, TIM
Address: 156 GENEVA DRIVE
City-St-Zip: OVIEDO, FL 32765

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: JOHN ASHWORTJ

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date