2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000950

Apr 30, 2009 Secretary of State

Entity Name: U.S. CHRISTIAN CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

5104 ORANGE BLOSSOM TRAIL, STE 212 1631 ROCK SPRINGS ROAD

ORLANDO, FL 32810 SUITE 239

APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

5104 ORANGE BLOSSOM TRAIL, STE 212 1631 ROCK SPRINGS ROAD

ORLANDO, FL 32810 SUITE 239

APOPKA, FL 32712

FEI Number: 48-1299086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SLOUGH, LORI C
1258 CLEVELAND AVE
APOPKA, FL 32703 US
SLOUGH, LORI C
5104 N. ORANGE BLOSSOM TRAIL
SUITE 212

APOPKA, FL 32703 US SUITE 212 ORLANDO, FL 32810 US

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: LORI C SLOUGH 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

Name: HARDIN, FAYE A Name: GOLDSTEIN, MARK

Address: 5104 ORANGE BLOSSOM TRAIL, STE 212 Address: 1631 ROCK SPRINGS RD., SUITE 239

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: APOPKA, FL 32712

Title: D () Delete Title: () Change () Addition

 Name:
 SLOUGH, LORI C
 Name:

 Address:
 5104 ORANGE BLOSSOM TRAIL, STE 212
 Address:

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: YETMAN, RHONDA Name: GOLDSTEIN, RHONDA

Address: 5104 ORANGE BLOSSOM TRAIL, STE 212 Address: 1631 ROCK SPRINGS RD., SUITE 239

City-St-Zip: ORLANDO, FL 32810 City-St-Zip: APOPKA, FL 32712

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: LORI C SLOUGH D 04/30/2009