

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 27, 2006
Secretary of State**

DOCUMENT# N05000011383

Entity Name: CHAMBER ALLIANCE OF LAKE COUNTY, INC.

Current Principal Place of Business:

103 S. 6TH STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 490309
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 20-3798035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAN FRATELLO, RAY
691 W. MONTROSE STREET
CLERMONT, FL 34711 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: JOHNSON, ROBERT
Address: P. O. BOX 255
City-St-Zip: MOUNT DORA, FL 32756

Title: VP () Delete
Name: MAGRONE, NICK
Address: 1524 SYLVAN DR
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: IRBY, GLENN
Address: 360 W. RUBY ST
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: LARUE, DALE
Address: 15 WEST ATWATER AV
City-St-Zip: EUSTIS, FL 32726

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT D. JOHNSON

PRES

07/27/2006

Electronic Signature of Signing Officer or Director

_____ Date