

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011383

FILED  
Feb 12, 2008  
Secretary of State

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:**

912 N. SINCLAIR AVENUE  
TAVARES, FL 32778

**Current Mailing Address:**

P. O. BOX 490309  
LEESBURG, FL 34749

**New Mailing Address:**

POST OFFICE BOX 1793  
TAVARES, FL 32778

FEI Number: 20-3798035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: BANKS, RICK  
Address: 426 COUNTY ROAD 25  
City-St-Zip: LADY LAKE, FL 32159

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

Title: S ( ) Delete  
Name: FISH, TJ  
Address: 1626 SOUTH 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

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

Title: P (X) Change ( ) Addition  
Name: WALLACE, RON  
Address: POST OFFICE BOX 490309  
City-St-Zip: LEESBURG, FL 34749 03

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 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 JOHNSON

MR.

02/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date