

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N05000011383

Entity Name: CHAMBER ALLIANCE OF LAKE COUNTY, INC.

Current Principal Place of Business:

912 N. SINCLAIR AVENUE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1793
TAVARES, FL 32778

New Mailing Address:

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: WALLACE, RON
Address: POST OFFICE BOX 490309
City-St-Zip: LEESBURG, FL 34749 03

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STIFFLER, STEVE
Address: 3220 SW 33RD ROAD
City-St-Zip: OCALA, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP () Change (X) Addition
Name: JOHNSON, ROBERT D
Address: 1194 CAMP AVENUE
City-St-Zip: MOUNT DORA, FL 32757

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

PP

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date