

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005125

FILED
Sep 24, 2008
Secretary of State

Entity Name: WORLD CONNECT CHAMBER OF COMMERCE, INC

Current Principal Place of Business:

511 ELDRON AVE
SUITE 100
DELTONA, FL 32738

New Principal Place of Business:

117 E AMELIA ST
ORLANDO, FL 32801

Current Mailing Address:

511 ELDRON AVE
SUITE 100
DELTONA, FL 32738

New Mailing Address:

117 E AMELIA ST
ORLANDO, FL 32801

FEI Number: 20-4867980 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:

JSN FINANCIAL SERVICES, INC
511 ELDRON AVE
DELTONA, FL 32738 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: SOTO, ALEXA
Address: 511 ELDRON AVE
City-St-Zip: DELTONA, FL 32738

Title: VP,T () Delete
Name: SOTO, GABRIEL
Address: 511 ELDRON AVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: WILLIAMS, RAFAEL
Address: 8118 LAKE PARK ESTATES BLVD
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: MONARCA, FELIX D
Address: 5601 FINISH LINE DR
City-St-Zip: HOPE MILLS, NC 28348

Title: D () Delete
Name: MONARCA, GLADYS E
Address: 10 JAMES ST
City-St-Zip: HOLYOKE, MA 01040

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:

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: GABRIEL SOTO

VP

09/24/2008

Electronic Signature of Signing Officer or Director

Date