

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004580

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** THE CHAMBER OF COMMERCE FOR PERSONS WITH DISABILITIES, INC.

**Current Principal Place of Business:**

6932 SYLVAN WOODS DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

6932 SYLVAN WOODS DRIVE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 20-8994529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOEMANN, PETER A  
6932 SYLVAN WOODS DRIVE  
SANFORD, FL 32771 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: D ( ) Delete  
Name: SCHOEMANN, PETER A  
Address: 6932 SYLVAN WOODS DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: ECKSTEIN, CHRISTINE  
Address: 6932 SYLVAN WOODS DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: HINDS, COREY  
Address: 4411 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: WESTRA, VICTORIA  
Address: 4939 WEST BAY DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: WESTRA, PIER  
Address: 4939 WEST BAY DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: MCCLELLAND, DENNIS  
Address: 100 SOUTH ASHLEY DRIVE, SUITE 1900  
City-St-Zip: TAMPA, FL 33602

**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:

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: PETER A. SCHOEMANN

D

01/05/2008

Electronic Signature of Signing Officer or Director

Date