2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N07000004580

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

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

Title: D (X) 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: D (X) Change ( ) Addition
Name: VAUGHAN, LORI
Address: 2633 WEST SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629

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 SCHOEMANN P 01/23/2009

Electronic Signature of Signing Officer or Director — Date