## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011190

FILED Apr 30, 2009 Secretary of State

Entity Name: HUNTERS CREEK CHAMBER OF COMMERCE INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 

13583 HUNTERS OAK DRIVE ORLANDO, FL 32837

**Current Mailing Address: New Mailing Address:** 

13583 HUNTERS OAK DRIVE ORLANDO, FL 32837

FEI Number: 26-1495258 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WRIGHT, LESLIE WRIGHT, LESLIE A

13583 HÚNTERS OAK DRIVE 13583 HÚNTERS OAK DRIVE ORLANDO, FL 32837 ORLANDO, FL 32837

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: LESLIE A WRIGHT 04/30/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P/S () Delete (X) Change ( ) Addition WRIGHT, LESLIE A WRIGHT, LESLIE A Name: Name: 13583 HUNTERS OAK DRIVE Address: 13583 HUNTERS OAK DRIVE Address: City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: ORLANDO, FL 32837 US

(X) Change ( ) Addition Title: Title: () Delete

CRUZ, ELENA Name: NEUDORF, CRAIG Name:

Address: 221 OAKLAND AVENUE Address: 2735 KISSIMMEE BAY CIRCLE City-St-Zip: OAKLAND, FL 34760 US City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete Title: ( ) Change (X) Addition

MILLER, KRIS Name: Name:

13840 OSPREY LINKS RD. APT. 210 Address: Address: City-St-Zip: ORLANDO, FL 32837

City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

TRIM, AMANDA Name: Name: 723 BOBOLINK CT Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34759

Title: () Delete Title: ( ) Change (X) Addition

MCCRARY, TARA Name: Name: 1524 NESTLEWOOD TRL Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32837

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: LESLIE A WRIGHT Ρ 04/30/2009