

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13863

FILED
Jul 13, 2005
Secretary of State

Entity Name: EAST LAKE COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

31336 C.R. 437 SOUTH
P.O. BOX 774
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

31336 C.R. 437 SOUTH
P.O. BOX 774
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 59-2681656 **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:

COBB, JERRY
1255 CR 44
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

JENNELLE, STEPHEN D
109 S PARK AVE
APOPKA, FL 32703 US

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: STEPHEN D JENNELLE CPA

07/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VU, MELISSA
Address: 34218 CR 437
City-St-Zip: SORRENTO, FL 32776

Title: VPD () Delete
Name: NARROW, SUSAN
Address: 31103 SWAN RD.
City-St-Zip: SORRENTO, FL 32776

Title: TD () Delete
Name: JENNELLE, STEPHEN D
Address: 7159 CROOKED LAKE TRL.
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Delete
Name: COBB, JERRY
Address: 1255 CR 44
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: WILLIAMS, MICHELLE
Address: 31336 CR 437 SOUTH
City-St-Zip: SORRENTO, FL 32776

Title: TD (X) Change () Addition
Name: JENNELLE, STEPHEN D
Address: 37009 CALHOUN RD
City-St-Zip: EUSTIS, FL 32736

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN D JENNELLE CPA

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07/13/2005

Electronic Signature of Signing Officer or Director

Date