

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90114 008 ****61.25

DOCUMENT # N21862

1. Entity Name

THE ORLO VISTA CHAMBER OF COMMERCE



Principal Place of Business

38 SOUTH HASTINGS STREET
ORLANDO FL 32835
US

Mailing Address

P.O. BOX 616556
ORLANDO FL 32861
US

14017743



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1652428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAGG, FRANCES
19 SOUTH TYLER STREET
P.O. BOX 616146
ORLANDO FL 32861

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frances P. Bragg

Frances P. Bragg

4/29/05

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	TETELBAUM, LU ANN	
STREET ADDRESS	6618B CHANTRY ST.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, BETTY	
STREET ADDRESS	315 S OBSERVATORY DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	MEGINSON, ANNIE	
STREET ADDRESS	38 NORTH HART	
CITY-ST-ZIP	ORLOVISTA FL 32835	
TITLE	D1	<input type="checkbox"/> Delete
NAME	OLIVER, DORIS	
STREET ADDRESS	35 N BUENA VISTA DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VP1	<input checked="" type="checkbox"/> Delete
NAME	JONES, BILLIE	
STREET ADDRESS	6038 WEST HARWOOD ST.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLE, MARGUERITE K	
STREET ADDRESS	6443 OLD WINTER GARDEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annie Megginson	
STREET ADDRESS	38 North Hart Ave.	
CITY-ST-ZIP	Orlando, Florida 32835	
TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frances Bragg	
STREET ADDRESS	P.O. Box 616146	
CITY-ST-ZIP	Orlando, Florida 32861-6146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Eberly	
STREET ADDRESS	27 Nowell Street	
CITY-ST-ZIP	Orlando, Florida 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marguerite K. Cole *Marguerite K. Cole*

4/29/05

407-293-0951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #