

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90344 014 ****70.00

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**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

-59-1652428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Marguerite K. Cole

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

6443 Old Winter Garden Road

City

Orlando

FL

Zip Code

32835

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

Marguerite K. Cole
Marguerite K. Cole, Treasurer

Signature, word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME TETELBAUM, LU ANN
STREET ADDRESS 6618B CHANTRY ST
CITY-ST-ZIP ORLANDO FL 32835

TITLE P ☐ Delete
NAME MEGGINSON, ANNIE
STREET ADDRESS 38 NORTH HART AVE
CITY-ST-ZIP ORLANDO FL 32835

TITLE 2VP ☐ Delete
NAME BRAGG, FRANCES
STREET ADDRESS PO BOX 616146
CITY-ST-ZIP ORLANDO FL 32861-6146

TITLE D1 ☐ Delete
NAME OLIVER, DORIS
STREET ADDRESS 35 N BUENA VISTA DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE 1VP ☐ Delete
NAME KBERLY, JERRY
STREET ADDRESS 27 NOWELL STREET
CITY-ST-ZIP ORLANDO FL 32835

TITLE TD ☐ 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 S/D ☒ Change ☐ Addition
NAME Teitelbaum, LuAnn
STREET ADDRESS 6618 Chantry Street
CITY-ST-ZIP Orlando, Florida 32835

TITLE P ☒ Change ☐ Addition
NAME Annie Megginson
STREET ADDRESS 126 West Virgil Street
CITY-ST-ZIP Apopka, Florida 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE lVP ☒ Change ☐ Addition
NAME Gerald Eberly
STREET ADDRESS 27 Nowell St. (P.O. Box 616012)
CITY-ST-ZIP Orlando, FL 32835 (Orlando 32861)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Treasurer

407-293-0951

4/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #