

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

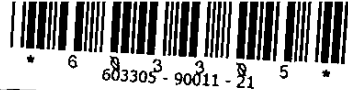
FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 021 ****61.25

DOCUMENT # N31121

1. Corporation Name

FLORIDA CENTER CHAMBER OF COMMERCE INCORPORATED



Principal Place of Business

Mailing Address

6700 FORUM DRIVE
SUITE 100
ORLANDO FL 32821-8087
US

6700 FORUM DRIVE
SUITE 100
ORLANDO FL 32821-8087
US

2. Principal Place of Business

21 6250 Parc Corniche Dr.

Suite, Apt. #, etc.

22 Orlando, FL 32821

City & State

23 ORLANDO, FL 32821

Zip

24 32821

Country

25 USA

2a. Mailing Address

26 6250 Parc Corniche Dr.

Suite, Apt. #, etc.

27 Orlando, FL 32821

City & State

28 ORLANDO, FL 32821

Zip

29 32821

Country

30 USA

3. Date Incorporated or Qualified

03/10/1989

4. FEI Number

59-2945812

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUNTER, MARTIN P.
7050 KIRKMAN ROAD
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KEARNEY, CLAY	
STREET ADDRESS	5850 LAREHURST DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	NELSON, MARQUITA	
STREET ADDRESS	1100 ORANGE AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	☐ DELETE
NAME	GARRISON, DEB	
STREET ADDRESS	6165 CARRIER DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	☐ DELETE
NAME	MCPHERSON, BETTY	
STREET ADDRESS	220 STORY ROAD	
CITY-ST-ZIP	OCOE FL	
TITLE	D	☐ DELETE
NAME	FRIEND, KAREN	
STREET ADDRESS	13500 ST. ROAD 535	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	GULASA, RON	
STREET ADDRESS	8738 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Trisani 6/8/99

Daytime Phone #

407-238-9162

CR2E037 (5/99)