2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31121

FILED Apr 18, 2008 Secretary of State

Entity Name: FLORIDA CENTER CHAMBER OF COMMERCE INCORPORATED

Current Principal Place of Business:				New Principal Place of Business:		
5850 LAKEHURST DR ORLANDO, FL 32819 US			5850 LAKEHURST DR SUITE 100 ORLANDO, FL 32819 US			
Current Mailing Address:				New Mailing Address:		
	EHURST DR), FL 32819	US		SUITE 100	HURST DR), FL 32819	US
FEI Number:	59-2945812	FEI Number Applied For ()	FEI Nur	nber Not Appl		Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of I	New Registered Agent:
TRISCARI, MARIA 5850 LAKEHURST DR STE 100 ORLANDO, FL 32819 US				TRISCARI, MARIA 5850 LAKEHURST DR SUITE 100 ORLANDO, FL 32819 US		
	named entity see of Florida.	submits this statement for the pu	ırpose o	of changing i	ts registered o	office or registered agent, or both,
SIGNATUF	RE:					04/18/2008
	Electron	nic Signature of Registered Ager	nt			Date
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () DONOVAN, DAI 1000 UNIVERS ORLANDO, FL	AL STUDIOS		Title: Name: Address: City-St-Zip:	D (X DONOVAN, DA 1000 UNIVERS ORLANDO, FL	SAL STUDIOS
Title: Name: Address: City-St-Zip:	VP () VINCIGUERRA, 7007 SEAWOR ORLANDO, FL	LD DR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () KENNEY, BARE 2910 SPRUCE ORLANDO, FL	AVE.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TRISCARI, MAR	RST DR STE 100		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WARNE, TRISH P.O. BOX 1002			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () SCHAEFER, M 9400 TURKEY ORLANDO, FL	LAKE ROAD		Title: Name: Address: City-St-Zip:	P (X SCHAEFER, M 9400 TURKEY ORLANDO, FL	LAKE ROAD

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: MARIA TRISCARI D 04/18/2008