2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31121

FILED Mar 17, 2009 Secretary of State

Entity Name: FLORIDA CENTER CHAMBER OF COMMERCE INCORPORATED

Current Pi	rincipal Place of	Business:	New Prince	New Principal Place of Business:			
SUITE 100	HURST DR , FL 32819 US	9	#162	ST SAND LAKE	EROAD US		
		<u> </u>	•				
Current M	ailing Address:		New Mail	New Mailing Address:			
5850 LAKEHURST DR BUITE 100 DRLANDO, FL 32819 US			#162				
	•				US		
El Number:	59-2945812 F	FEI Number Applied For () FEI N	lumber Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 100	HURST DR		7557 WES #162	TRISCARI, MARIA 7557 WEST SAND LAKE ROAD #162 ORLANDO, FL 32819 US			
	named entity sub of Florida.	mits this statement for the purpose	e of changing	its registered c	ffice or registered agent, or	both,	
SIGNATURE:					03/17/2009		
	Electronic	Signature of Registered Agent			Date		
OFFICERS	AND DIRECTO	RS:	ADDITION	NS/CHANGES	TO OFFICERS AND DIREC	CTORS:	
Fitle: Name: Address: City-St-Zip:	D () De DONOVAN, DAN 1000 UNIVERSAL S ORLANDO, FL 328	STUDIOS	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Fitle: Name: Address: City-St-Zip:	VP () De VINCIGUERRA, ST 7007 SEAWORLD ORLANDO, FL 328	EVE DR	Title: Name: Address: City-St-Zip:	P (X VINCIGUERRA 7007 SEAWOR ORLANDO, FL	RLD DR		
Fitle: Name: Address: City-St-Zip:	D () De KENNEY, BARBAR 2910 SPRUCE AVE ORLANDO, FL 328	A E.	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Fitle: Name: Address: City-St-Zip:	D () De TRISCARI, MARIA 5850 LAKEHURST ORLANDO, FL 328	DR STE 100	Title: Name: Address: City-St-Zip:	TRISCARI, MAI 7557 WEST SA	ND LAKE ROAD #162		
Fitle: Name: Address: City-St-Zip:	D () De WARNE, TRISHA P.O. BOX 10020 LAKE BUENA VIST		Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Fitle: Name: Address: City-St-Zip:	P () De SCHAEFER, MARK 9400 TURKEY LAK ORLANDO, FL 328	E ROAD	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Name: Address: City-St-Zip:	SCHAEFER, MARK 9400 TURKEY LAK ORLANDO, FL 328	E ROAD	Name: Address: City-St-Zip:				

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 03/17/2009