

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N92000000718 (8)**

1. Corporation Name

**UNITED CHAMBERS SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**400 EAST FIRST STREET  
SANFORD FL 32771**

**400 EAST FIRST STREET  
SANFORD FL 32771**

3. Date Incorporated or Qualified  
**12/07/1992**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**NOT APPLICABLE**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARR, DAVID T  
400 EAST FIRST STREET  
SANFORD FL 32771**

81 Name

**Wanda F. Kelly**

82

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

**400 E. First Street**

83

84

City **Sanford, Florida**

**FL**

Zip Code **32771**

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

*Wanda F. Kelly*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/14/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE  
NAME **BALL, TOM**  
STREET ADDRESS **683 MORNING DOVE CIRCLE**  
CITY-ST-ZIP **LAKE MARY FL**

1.1 TITLE **TD** ☒ Change ☐ Addition  
1.2 NAME **BALL, TOM**  
1.3 STREET ADDRESS **213 Shady Oaks Circle**  
1.4 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **PD** ☒ DELETE  
NAME **ADAMSON, W E**  
STREET ADDRESS **401 W. 13TH ST.**  
CITY-ST-ZIP **SANFORD FL 32772**

2.1 TITLE **SD** ☒ Change ☐ Addition  
2.2 NAME **ADAMSON, W.E.**  
2.3 STREET ADDRESS **467 BENTON COURT**  
2.4 CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE **VD** ☒ DELETE  
NAME **DOUGLAS, BOB R**  
STREET ADDRESS **P O BOX 950355 N/A**  
CITY-ST-ZIP **LAKE MARY FL**

3.1 TITLE **VD** ☒ Change ☐ Addition  
3.2 NAME **DOUGLAS, BOB R**  
3.3 STREET ADDRESS **P.O. BOX 950355 N/A**  
3.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **SD** ☒ DELETE  
NAME **FARR, DAVID T**  
STREET ADDRESS **108 LARKWOOD DR**  
CITY-ST-ZIP **SANFORD FL 32771**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **WANDA F. KELLY**  
4.3 STREET ADDRESS **400 E. FIRST STREET**  
4.4 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **PD** ☐ Change ☒ Addition  
6.2 NAME **WRIGHT, DAVID**  
6.3 STREET ADDRESS **800 S. ORLANDO AVENUE**  
6.4 CITY-ST-ZIP **MAITLAND, FL 32751**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Wanda F. Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wanda F. Kelly**  
Date

**407/322-2212**  
Daytime Phone #

CR2E037 (12/95)