


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005652</b>	
1. Entity Name <b>AFRICAN AMERICAN CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.</b>	

Principal Place of Business <b>315 E. ROBINSON STREET 100 ORLANDO, FL 32801 US</b>	Mailing Address <b>PO BOX 2389 ORLANDO, FL 32802</b>
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**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3314330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WYCHE, PAUL  
ONE LANDMARK CENTER  
315 E. ROBINSON STREET, SUITE 100  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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 *Paul H. Wyche* 2/14/08  
Signature, typed or printed name of registered agent after title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WYCHE, PAUL 2920 LOWELL CT. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROGERS, RONALD O 201 E. PINE ST., STE. 450 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IKEJI, CHUCK 801 N. MAGNOLIA AVE., STE. 204A ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STONE, STANLEY 1800 S. KIRKMAN ROAD, WEST CAMPUS ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KORNEGAY, THOMAS 711 WAMELIA ST. ORLANDO, FL 328051401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, DONNA D 6000 LAKE ELLENOR DRIVE ORLANDO, FL 32809

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02/27/08-80010-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael H. King, TREASURER* 2/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #