


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004850</b> 1. Entity Name <b>SOUTH ORANGE CHAMBER OF COMMERCE, INC.</b>	
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Principal Place of Business <b>1737 W OAKRIDGE ROAD ORLANDO, FL 32809</b>	Mailing Address <b>PO BOX 593155 ORLANDO, FL 32859-3155 US</b>
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**DO NOT WRITE IN THIS SPACE**



08252006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3408141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STEMBERGER, JOHN  
4853 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee Is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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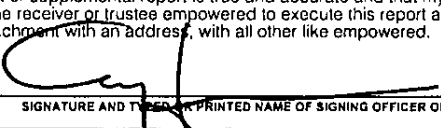
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILAURI, RUTHANN 1901 SAND LAKE ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAINGUTH, GREGORY J 1201 MELISSA AVENUE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGT, PETE 5850 HANSEL AVENUE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, KEN 3883 W COLONIAL DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNLAP, SAM 1737 W OAKRIDGE ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILEY, ART 3975 FORRESTAL AVE ORLANDO, FL 32806

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IN THIS SPACE**

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09/06/06-80002-012 70.00

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:**  **Gregory J. Mainguth** 8/25/06 407-262-5370

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #