2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001053

FILED Feb 08, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

725 PRIMERA BLVD 100

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

725 PRIMERA BLVD

LAKE MARY, FL 32746

FEI Number: 59-3575578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKER, DIANE 725 PRIMERA BLVD #100 LAKE MARY, FL 32746 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTS () Delete Title: DTS (X) Change () Addition Name: ANDERSON, EUGENR Address: 901 N LAKE DESTINY DR Address: 972 CHARING CROSS CIRCLE City-St-Zip: MAITLAND, FL 32751 City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete Title: DC (X) Change () Addition Name: OWEN, LYNN Name: BOWMAN, DENNIS
Address: 206 HILL CREST ST Address: 940 WILLISTON PARK POINT

Address: 206 HILLCREST ST Address: 940 WILLISTON PARK POINT City-St-Zip: ORLANDO, FL 32802 City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete Title: P (X) Change () Addition
Name: PARKER, DIANE Name: PARKER, DIANE

 Name:
 PARKER, DIANE
 Name:
 PARKER, DIANE

 Address:
 230 N WESTMONTE DR #1974
 Address:
 725 PRIMERA BLVD., #100

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 LAKE MARY, FL 32746

 $\label{eq:title:DC} \mbox{Title:} \mbox{ DC } \mbox{ () Delete} \mbox{ Title:} \mbox{ D } \mbox{ (X) Change () Addition}$

Name: GREEN, TOM Name: GREEN, TOM

Address: 200 COLONIAL CENTER PKWY #40 Address: 950 MARKET PROMENADE AVE., #2200

City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE PARKER P 02/08/2006