

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90061 044 ****61.25

DOCUMENT # N98000001053					
1. Entity Name CENTRAL FLORIDA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 725 PRIMERA BLVD 100 LAKE MARY, FL 32746			Mailing Address 725 PRIMERA BLVD 100 LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box # 1055 AAA DRIVE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Heathrow Zip 32746		Country		4. FEI Number 59-3575578	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARKER, DIANE 725 PRIMERA BLVD #100 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name <u>JOHN ASHWORTH</u> Street Address (P.O. Box Number is Not Acceptable) 1055 AAA DRIVE City <u>HEATHROW</u> FL Zip Code <u>32746</u>		
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 <u>[Signature]</u> DATE <u>6/10/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ANDERSON, EUGENE 972 CHARING CROSS CIRCLE LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GERALD, ROUX 707 MENDHAM BLVD, SUITE 200 ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGAN, KATHIE 1100 TOWN PARK AVE. LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REV. WINESBORGH P.O. BOX 160430 ALTAMONTE SPRINGS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, DIANE 725 PRIMERA BLVD., #100 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN ASHWORTH 1055 AAA DRIVE HEATHROW, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTWORTH, OWEN 300 LONESOME PINE LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLY RALEY 30 SKYLINE DRIVE LAKE MARY, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>6/10/08</u> Daytime Phone # <u>407.7084600</u>		

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