

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009429

Entity Name: THE TAVARES CHAMBER OF COMMERCE FOUNDATION, INC.**Current Principal Place of Business:**300 EAST MAIN STREET
TAVARES, FL 32778**Current Mailing Address:**300 EAST MAIN STREET
TAVARES, FL 32778 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**J. SCOTT BERRY
300 EAST MAIN STREET
TAVARES, FL 32778 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**Officer/Director Detail :**

Title	D
Name	HOLDEN, ALAN
Address	32644 BLOSSOM LANE
City-State-Zip:	LEESBURG FL 34788

Title	D
Name	YAGER, ANN
Address	4645 N. HWY 19A
City-State-Zip:	MOUNT DORA FL 32757

Title	D
Name	MAIMONE, CAROLYN
Address	600 N. DONNELLY STREET
City-State-Zip:	MOUNT DORA FL 32757

Title	D
Name	RUMBLEY, CHERYL
Address	2445 LANE PARK ROAD
City-State-Zip:	TAVARES FL 32778

Title	D
Name	JOHNS, DEE
Address	367 W. ALFRED STRET
City-State-Zip:	TAVARES FL 32778

Title	D
Name	BUIGAS, ILEANNE
Address	124 W. RUBY STREET
City-State-Zip:	TAVARES FL 32778

I hereby 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 all other like empowered.

SIGNATURE: ALAN HOLDEN**DIRECTOR****06/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date