

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31121

Entity Name: FLORIDA CENTER CHAMBER OF COMMERCE
INCORPORATED**FILED**
Mar 05, 2021
Secretary of State
1203294451CC**Current Principal Place of Business:**7512 DR. PHILLIPS BLVD
50-804
ORLANDO, FL 32819**Current Mailing Address:**7512 DR. PHILLIPS BLVD.
50-804
ORLANDO, FL 32819 US**FEI Number: 59-2945812****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**TRISCARI, MARIA
7512 DR. PHILLIPS BLVD.
50-804
ORLANDO, FL 32819 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	DIRECTOR
Name	STINE, JOHN
Address	7940 VIA DELLAGIO WAY SUITE 200
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	VINCIGUERRA, STEVE
Address	7007 SEAWORLD DR
City-State-Zip:	ORLANDO FL 32821

Title	D
Name	KENNEY, BARBARA
Address	2910 SPRUCE AVE.
City-State-Zip:	ORLANDO FL 32819

Title	P
Name	TRISCARI, MARIA
Address	7557 WEST SAND LAKE ROAD #162
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	VALLILLO, DAVID
Address	8250 JAMAICANCOURT
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	RICE, GREG
Address	8978 INTERNATIONAL DRIVE
City-State-Zip:	ORLANDO FL 32819

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: MARIA TRISCARI**PRESIDENT****03/05/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date