

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31121

Entity Name: FLORIDA CENTER CHAMBER OF COMMERCE
INCORPORATED**FILED**
Apr 04, 2016
Secretary of State
CC8354713932**Current Principal Place of Business:**7557 WEST SAND LAKE ROAD
#162
ORLANDO, FL 32819**Current Mailing Address:**7557 WEST SAND LAKE ROAD
#162
ORLANDO, FL 32819 US**FEI Number: 59-2945812****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**TRISCARI, MARIA
7557 WEST SAND LAKE ROAD
#162
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	D
Name	DONOVAN, DAN
Address	1000 UNIVERSAL STUDIOS
City-State-Zip:	ORLANDO FL 32819
Title	D
Name	KENNEY, BARBARA
Address	2910 SPRUCE AVE.
City-State-Zip:	ORLANDO FL 32819
Title	D
Name	QUERIS, MAYRA
Address	P.O. BOX 10020
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	D
Name	VINCIGUERRA, STEVE
Address	7007 SEAWORLD DR
City-State-Zip:	ORLANDO FL 32821
Title	P
Name	TRISCARI, MARIA
Address	7557 WEST SAND LAKE ROAD #162
City-State-Zip:	ORLANDO FL 32819
Title	D
Name	ADDISON, JAN
Address	9800 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****04/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date