

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90062 028 \*\*\*\*61.25

**DOCUMENT # N00000000133**

1. Entity Name  
**WEST ORANGE-SOUTH LAKE TRANSPORTATION TASK  
FORCE, INC.**



Principal Place of Business  
**12184 WEST COLONIAL DR.  
WINTER GARDEN, FL 34787**

Mailing Address  
**12184 WEST COLONIAL DR.  
WINTER GARDEN, FL 34787**

**50062723**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3623291**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'QUINN, MICHAEL A.U.  
28 W. CENTRAL AVE., 4TH FLOOR  
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**DP  
VANDERLEY, JON  
220 N. TUBB ST.  
OAKLAND, FL 34760** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
PRECOURT, STEPHEN  
3403 KING GEORGE DR  
ORLANDO, FL 32835** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TERRELL, JOHN  
PO BOX 771083  
WINTER GARDEN, FL 347771083** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BALDORCHI, RICK  
5555 E. MICHIGAN ST., SUITE 200  
ORLANDO, FL 32822** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JACOBS, TERESA  
201 S. ROSALIND ST., 5TH FLOOR  
OCOE, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CECHMAN, MARK  
251 W. PLANT ST.  
WINTER GARDEN, FL 34787** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
POOLE, BOB  
315 W. MAIN ST.  
TAVARES, FL 32778** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DEIGNER, GEORGE  
PO BOX 784082  
WINTER GARDEN, FL 347784082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Stephen L. Precourt* **STEPHEN L. PRECOURT** **7-22-05** **407.896.0594**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #