

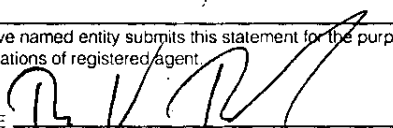
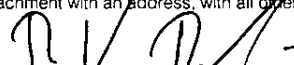


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90023 009 \*\*\*\*61.25

<b>DOCUMENT # N00000000133</b>					
<b>1. Entity Name</b> WEST ORANGE-SOUTH LAKE TRANSPORTATION TASK FORCE, INC.					
<b>Principal Place of Business</b> 12184 WEST COLONIAL DR. WINTER GARDEN, FL 34787			<b>Mailing Address</b> 12184 WEST COLONIAL DR. WINTER GARDEN, FL 34787		
<b>2. Principal Place of Business - No P.O. Box #</b> 5555 E. Michigan Street Suite, Apt. #, etc. Ste 200		<b>3. Mailing Address</b> 5555 E. Michigan Street Suite, Apt. #, etc. Ste 200		<b>40110692</b> 	
<b>City &amp; State</b> Orlando, FL		<b>City &amp; State</b> Orlando, FL		04302007    Chg-NP    CR2E037 (12/06)	
<b>Zip</b> 32822		<b>Country</b> USA		<b>4. FEI Number</b> 59-3623291	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> O'QUINN, MICHAEL A.U. 28 W. CENTRAL AVE., 4TH FLOOR ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name: Richard Baldocchi Street Address (P.O. Box Number is Not Acceptable): 5555 E. Michigan Street, Suite 200 City: Orlando, FL    Zip Code: 32822		
<b>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.</b>					
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 4/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to:</b> Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> C <b>NAME</b> PRECOURT, STEPHEN <b>STREET ADDRESS</b> 3403 KING GEORGE DR <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Vice chairman <b>NAME</b> Keith Jackson <b>STREET ADDRESS</b> 4825000 Keller Road <b>CITY-ST-ZIP</b> Orlando, FL 32810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TERRELL, JOHN <b>STREET ADDRESS</b> PO BOX 771083 <b>CITY-ST-ZIP</b> WINTER GARDEN, FL 347771083	<input type="checkbox"/> Delete		<b>TITLE</b> Treasurer <b>NAME</b> Gene Wilford <b>STREET ADDRESS</b> 941 Lake Baldwin Drive Lane <b>CITY-ST-ZIP</b> Orlando, FL 32814	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> JACOBS, TERESA <b>STREET ADDRESS</b> 201 S ROSALIND AVE 5TH FL <b>CITY-ST-ZIP</b> OCOE, FL 32801	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> POOLE, BOB <b>STREET ADDRESS</b> 315 W. MAIN ST. <b>CITY-ST-ZIP</b> TAVARES, FL 32778	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DEIGNER, GEORGE <b>STREET ADDRESS</b> PO BOX 784082 <b>CITY-ST-ZIP</b> WINTER GARDEN, FL 347784082	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BALDOCCHI, RICK <b>STREET ADDRESS</b> 5555 E MICHIGAN ST, SUITE 200 <b>CITY-ST-ZIP</b> ORLANDO, FL 32822	<input type="checkbox"/> Delete		<b>TITLE</b> Chairman <b>NAME</b> Rick Baldocchi <b>STREET ADDRESS</b> 5555 E Michigan Street, Ste 200 <b>CITY-ST-ZIP</b> Orlando, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/30/07		DAYTIME PHONE #: (407) 599-1122