

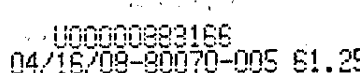
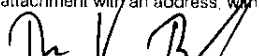


**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000000133</b>		<b>Secretary of State</b>	
1. Entity Name <b>WEST ORANGE-SOUTH LAKE TRANSPORTATION TASK FORCE, INC.</b>			
Principal Place of Business <b>5555 E. MICHIGAN STREET STE 200 ORLANDO, FL 32822</b>		Mailing Address <b>5555 E. MICHIGAN STREET STE 200 ORLANDO, FL 32822</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 <b>04012008 No Chg-NP CR2E037 (4/06)</b>	
		4. FEI Number <b>59-3623291</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BALDOCCHI, RICHARD 5555 E. MICHIGAN STREET, SUITE 200 ORLANDO, FL 32822</b>		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		 <b>U000008883166 04/16/08-80070-005 61.25</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>VC JACKSON, KEITH 482 SOUTH KELLER ROAD ORLANDO, FL 32810</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>D TERRELL, JOHN PO BOX 771083 WINTER GARDEN, FL 347771083</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>T WILLFORD, GENE 941 LAKE BALDWIN LANE ORLANDO, FL 32814</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>C BALDOCCH, RICK 5555 E. MICHIGAN STREET, SUITE 200 ORLANDO, FL 32822</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>T BALDOCCHI, RICK 5555 E MICHIGAN ST. SUITE 200 ORLANDO, FL 32822</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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.			
SIGNATURE:  <b>RICK V. BALDOCCHI</b>		<b>4-4-08 407 599 1122</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	