

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36518

FILED
Jan 09, 2007
Secretary of State

Entity Name: ORLANDO/ORANGE COUNTY COMPACT, INC.

Current Principal Place of Business:

445 W. AMELIA ST.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1073
ORLANDO, FL 328021073 US

New Mailing Address:

FEI Number: 59-3032275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, ARTHUR G DIR.
445 WEST AMELIA STREET
P. O. BOX 1073
ORLANDO, FL 328021073 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, LINDA L
Address: 6000 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: ETSCORN, JAMES
Address: 200 S ORANGE AVENUE, SUITE 2300
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: FULLER, ARTHUR G
Address: 445 W AMELIA STREET 7TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BLUE, TRACI
Address: 400 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328024990

Title: D () Delete
Name: DOSAL, MICHAEL
Address: 200 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: WALDEN, ROYCE,
Address: 3470 DOMI-FITZ COURT
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BOWERS, JOYCE
Address: P.O. BOX 10000
City-St-Zip: LAKE BUENA VISTA, FL 32830

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR G. FULLER

DIR.

01/09/2007

Electronic Signature of Signing Officer or Director

Date