2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N36518

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:	BOWERS, JOYCE	
Address:	P.O. BOX 10000	
City-St-Zip:	LAKE BUENA VISTA, FL 32830	
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:	HARTFIELD, SANJA	
Address:	P.O. BOX 165000	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32716	

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

I hereby certify that the information supplied with this filing does not qualify 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, 01/16/2009
Electronic Signature of Signing Officer or Director — Date