

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF INCORPORATED, BUSINESS AMOUNT DUE TO IMMEDIATE AGENT)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000947 (1)

7. Corporation Name

TRI-COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business

**351 SOUTH LAKE SHORE DRIVE
OCOE FL 34761**

Mailing Address

**P.O. BOX 980
OCOE FL 34761**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

3a. Date of Last Report

4. FEI Number

65-0534661

Applied For

Not Applicable

2. Principal Place of Business

21 14545 Sawgrass Drive

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 Clermont, Florida

27 City & State

24 Zip

34711

25 Country

US

29 Zip

30 Country

6. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PLEUS, ROBERT J JR.
940 HIGHLAND AVENUE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLLET, JOHN
STREET ADDRESS	% 351 SOUTH LAKE SHORE DRIVE
CITY-ST-ZIP	OCOE FL 34761
TITLE	VD
NAME	ARROWSMITH, BILL
STREET ADDRESS	% 351 SOUTH LAKE SHORE DRIVE
CITY-ST-ZIP	OCOE FL 34761
TITLE	STD
NAME	HAUCK, RUSS
STREET ADDRESS	% 351 SOUTH LAKE SHORE DRIVE
CITY-ST-ZIP	OCOE FL 34761
TITLE	D
NAME	BRINKMAN, RICHARD
STREET ADDRESS	% 351 SOUTH LAKE SHORE DRIVE
CITY-ST-ZIP	OCOE FL 34761
TITLE	D
NAME	GEARHART, ERNEST
STREET ADDRESS	% 351 SOUTH LAKE SHORE DRIVE
CITY-ST-ZIP	OCOE FL 34761
TITLE	D
NAME	GRAHAM, THEO
STREET ADDRESS	% 351 SOUTH LAKE SHORE DRIVE
CITY-ST-ZIP	OCOE FL 34761

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arrowsmith, Bill	
1.3 STREET ADDRESS	%14545 Sawgrass Drive	
1.4 CITY-ST-ZIP	Clermont, FL 34711	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hauck, Russ	
2.3 STREET ADDRESS	%14545 Sawgrass Drive	
2.4 CITY-ST-ZIP	Clermont, FL 34711	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Breaux, Robert	
3.3 STREET ADDRESS	%14545 Sawgrass Drive	
3.4 CITY-ST-ZIP	Clermont, FL 34711	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bateman, Lucille	
4.3 STREET ADDRESS	%14545 Sawgrass Drive	
4.4 CITY-ST-ZIP	Clermont, FL 34711	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brinkman, Richard	
5.3 STREET ADDRESS	%14545 Sawgrass Drive	
5.4 CITY-ST-ZIP	Clermont, FL 34711	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hampton, Phillip	
6.3 STREET ADDRESS	%14545 Sawgrass Drive	
6.4 CITY-ST-ZIP	Clermont, FL 34711	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bill Arrowsmith*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/95)