

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000947 (1)

1. Corporation Name

TRI-COUNTY LEAGUE OF CITIES, INC.



Principal Place of Business

Mailing Address

14545 SAWGRASS DR
CLERMONT FL 34711
US

P.O. BOX 900
OCOOEE FL 34761

3. Date Incorporated or Qualified
02/21/1994

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0534661

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARROWSMITH, BILL	
STREET ADDRESS	14545 SAWGRASS DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAUCK, RUSS	
STREET ADDRESS	14545 SAWGRASS DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BREAUX, ROBERT	
STREET ADDRESS	14545 SAWGRASS DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATEMAN, LUCILLE	
STREET ADDRESS	14545 SAWGRASS DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRINKMAN, RICHARD	
STREET ADDRESS	14545 SAWGRASS DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMPTON, PHILLIE	
STREET ADDRESS	14545 SAWGRASS DR	
CITY-ST-ZIP	CLERMONT FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAUCK, RUSS	
1.3 STREET ADDRESS	14545 SAWGRASS DR	
1.4 CITY-ST-ZIP	CLERMONT, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BREAUX, ROBERT	
2.3 STREET ADDRESS	14545 SAWGRASS DR	
2.4 CITY-ST-ZIP	CLERMONT, FL	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRINKMAN, RICHARD	
3.3 STREET ADDRESS	14545 SAWGRASS DR	
3.4 CITY-ST-ZIP	CLERMONT, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HAND, BILL	
4.3 STREET ADDRESS	14545 SAWGRASS DR	
4.4 CITY-ST-ZIP	CLERMONT, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LANGELLOTTI, JOHN	
5.3 STREET ADDRESS	14545 SAWGRASS DR	
5.4 CITY-ST-ZIP	CLERMONT, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUSSELL, KATHY	
6.3 STREET ADDRESS	14545 SAWGRASS DR	
6.4 CITY-ST-ZIP	CLERMONT, FL	

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 119.07(3)(k), 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:

William A. Breeze
WILLIAM A. BREEZE, EXECUTIVE DIRECTOR

Apr 22, 1996 (352) 394-6600
Date Daytime Phone #

CR2E037 (12/95)