

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90080 041 \*\*\*\*61.25

0073844

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000000947

1. Corporation Name

TRI-COUNTY LEAGUE OF CITIES, INC.

Principal Place of Business

817 CHICAGO AVE OCOEE FL 34761 US

Mailing Address

P.O. BOX 980 OCOEE FL 34761



2. Principal Place of Business

21 36 W. Pine St.

2a. Mailing Address

26 36 W. Pine St.

3. Date Incorporated or Qualified  
02/21/1994

Suite, Apt. #, etc.

22 Suite 204

Suite, Apt. #, etc.

27 Suite 204

4. FEI Number  
65-0534661

Applied For  
Not Applicable

23 City & State  
Orlando FL

28 City & State  
Orlando FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 32801 25 Country USA

29 Zip 32801 30 Country USA

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLEUS, ROBERT J JR.  
AKERMAN, SENTERFITZ, & EIDSON, P.A.  
255 SOUTH ORANGE AVE.  
ORLANDO FL 32802

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAUCK, RUSS  
STREET ADDRESS 14545 SAWGRASS DR  
CITY-ST-ZIP CLERMONT FL

1.1 TITLE PD  
1.2 NAME Hand, William  
1.3 STREET ADDRESS 36 W. Pine St. Suite 204  
1.4 CITY-ST-ZIP Orlando FL 32801

TITLE VD  
NAME BREAU, ROBERT  
STREET ADDRESS 14545 SAWGRASS DR  
CITY-ST-ZIP CLERMONT FL

2.1 TITLE VD  
2.2 NAME Sangiovanni, Glenn  
2.3 STREET ADDRESS 36 W. Pine St. Suite 204  
2.4 CITY-ST-ZIP Orlando FL 32801

TITLE VD  
NAME BRINKMAN, RICHARD  
STREET ADDRESS 14545 SAWGRASS DR  
CITY-ST-ZIP CLERMONT FL

3.1 TITLE VD  
3.2 NAME Pronovost, Bruce  
3.3 STREET ADDRESS 36 W. Pine St. Suite 204  
3.4 CITY-ST-ZIP Orlando FL 32801

TITLE D  
NAME HAND, BILL  
STREET ADDRESS 14545 SAWGRASS DR  
CITY-ST-ZIP CLERMONT FL

4.1 TITLE D  
4.2 NAME McQueen, Marilyn  
4.3 STREET ADDRESS 36 W. Pine St. Suite 204  
4.4 CITY-ST-ZIP Orlando FL 32801

TITLE D  
NAME LANGELLOTTI, JOHN  
STREET ADDRESS 14545 SAWGRASS DR  
CITY-ST-ZIP CLERMONT FL

5.1 TITLE D  
5.2 NAME Bill Bagley  
5.3 STREET ADDRESS 36 W. Pine St. Suite 204  
5.4 CITY-ST-ZIP Orlando FL 32801

TITLE D  
NAME RUSSELL, KATHY  
STREET ADDRESS 14545 SAWGRASS DR  
CITY-ST-ZIP CLERMONT FL

6.1 TITLE D  
6.2 NAME Karen Lynne Ruenheck  
6.3 STREET ADDRESS 36 W. Pine St. Suite 204  
6.4 CITY-ST-ZIP Orlando FL 32801

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Marilyn E. Crotty, Executive Director

April 27, 1999 407.317.7745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)