


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90002 046 \*\*\*\*61.25

**DOCUMENT # N94000000947**

1. Entity Name  
**TRI-COUNTY LEAGUE OF CITIES, INC.**



Principal Place of Business  
**36 W PINE STREET  
 SUITE #204  
 ORLANDO, FL 32801 US**

Mailing Address  
**36 W PINE STREET  
 SUITE #204  
 ORLANDO, FL 32801 US**

**94007333**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0534661**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CROTTY, MARILYN E                      36 W PINE STREET, SUITE 204                      ORLANDO, FL 32801</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNON, WENDELL			NAME	McKinnon Wendell		
STREET ADDRESS	36 W PINE STREET, STE #204			STREET ADDRESS	36 W Pine Street Ste 204		
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	Orlando FL 32801		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VANDERLAY, JON			NAME	Quesinberry, Jack		
STREET ADDRESS	36 W PINE STREET, STE #204			STREET ADDRESS	36 W Pine Street Ste 204		
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	Orlando FL 32801		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, MICHAEL S			NAME	Freeman Patricia		
STREET ADDRESS	36 W PINE ST, STE #204			STREET ADDRESS	36 W Pine Street Ste 204		
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	Orlando FL 32801		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLLEY, THOMAS			NAME	Brooks, William G		
STREET ADDRESS	36 W PINE ST STE 204			STREET ADDRESS	36 W Pine Street Ste 204		
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	Orlando FL 32801		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREEMAN, PAT			NAME	Walters Thomas G		
STREET ADDRESS	36 W PINE ST, STE #204			STREET ADDRESS	36 W Pine Street Ste 204		
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	Orlando FL 32801		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANGIOVANNI, GLENN			NAME	Sangiovanni Glenn		
STREET ADDRESS	36 W PINE ST, STE #204			STREET ADDRESS	36 W Pine Street Ste 204		
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	Orlando FL 32801		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn E Crotty* Date: 1/26/04 Daytime Phone #: 407-317-7745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Attachment*

#N94000000947

44007355



**TRI-COUNTY LEAGUE OF CITIES**  
ORANGE • SEMINOLE • OSCEOLA

**OFFICERS AND DIRECTORS - 2004**

**President**

**Mayor Pro Tem Wendell McKinnon**  
City of Kissimmee

**1<sup>st</sup> Vice  
President**

**Mayor Jack Quesinberry**  
City of Winter Garden

**2<sup>nd</sup> Vice  
President**

**Vice Mayor Patricia Freeman**  
City of Altamonte Springs

**Directors:**

**Mayor Glenn Sangiovanni**  
City of St. Cloud

**Commissioner Vicki Vargo**  
City of Orlando

**Mayor Bill Brooks**  
City of Belle Isle

**Mayor Tom Walters**  
City of Oviedo

**Councilwoman Joan Randolph**  
City of Maitland

**City Administrator John Drago**  
City of Longwood

**Commissioner Michael Blake**  
City of Winter Springs  
(Immediate Past President)

**Commissioner Marilyn McQueen**  
City of Apopka  
(Past President)