


**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90067 012 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N94000000947</b> 1. Entity Name <b>TRI-COUNTY LEAGUE OF CITIES, INC.</b>					
Principal Place of Business <b>36 W PINE STREET          SUITE #204          ORLANDO, FL 32801 US</b>		Mailing Address <b>36 W PINE STREET          SUITE #204          ORLANDO, FL 32801 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0534661</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CROTTY, MARILYN E          36 W PINE STREET, SUITE 204          ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent 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 _____					
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>MCKINNON, WENDELL</b> <b>36 W PINE STREET, STE #204</b> <b>ORLANDO, FL 32801</b>		TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Quesinberry, Jack</b> <b>36 W. Pine Street Ste 204</b> <b>Orlando FL 32801</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete <b>QUESINBERRY, JACK</b> <b>36 W PINE STREET, STE #204</b> <b>ORLANDO, FL 32801</b>		TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Freeman, Patricia</b> <b>36 W. Pine Street Ste 204</b> <b>Orlando FL 32801</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete <b>FREEMAN, PATRICIA</b> <b>36 W PINE ST, STE #204</b> <b>ORLANDO, FL 32801</b>		TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gant, George</b> <b>36 W. Pine Street Ste 204</b> <b>Orlando FL 32801</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>BROOKS, WILLIAM G</b> <b>36 W PINE ST STE 204</b> <b>ORLANDO, FL 32801</b>		TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bruhn, Gary</b> <b>36 W. Pine Street Ste 204</b> <b>Orlando FL 32801</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>FREEMAN, PAT</b> <b>36 W PINE ST, STE #204</b> <b>ORLANDO, FL 32801</b>		TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Randolph, Joan</b> <b>36 W. Pine Street Ste 204</b> <b>Orlando FL 32801</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>SANGIOVANNI, GLENN</b> <b>36 W PINE ST, STE #204</b> <b>ORLANDO, FL 32801</b>		TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Drago, John</b> <b>36 W. Pine Street Ste 204</b> <b>Orlando FL 32801</b>	
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: <u>Marilyn E. Crotty</u> <u>Marilyn E. Crotty</u> <u>11/27/05</u> <u>407-317-7745</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

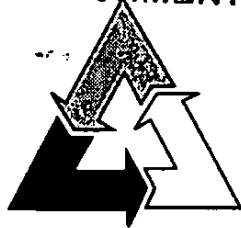
66004409



01272005 Chg-NP CR2E037 (10/03)

Jack Quesinberry JACK QUESINBERRY  
 MAR 4, 02

ATTACHMENT



66004409  
# N94000000947

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

**OFFICERS AND DIRECTORS**  
2005

**President**

**Mayor Jack Quesinberry**  
City of Winter Garden

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

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

**President**

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

**Mayor George Gant**  
City of Kissimmee

**Directors:**

**Mayor Bill Brooks**  
City of Belle Isle

**Mayor Tom Walters**  
City of Oviedo

**Mayor Gary Bruhn**  
Town of Windermere

**Mayor Pro Tem Vicki Vargo**  
City of Orlando

**Councilwoman Joan Randolph**  
City of Maitland

**City Administrator John Drago**  
City of Longwood

**Mayor Pro Tem Wendell McKinnon**  
City of Kissimmee  
Immediate Past President

**Commissioner Michael Blake**  
City of Winter Springs  
Past President