

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000947

FILED  
Feb 23, 2007  
Secretary of State

Entity Name: TRI-COUNTY LEAGUE OF CITIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0534661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROTTY, MARILYN E  
36 W PINE STREET, SUITE 204  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FREEMAN, PAT  
Address: 36 WEST PINE ST SUITE 204  
City-St-Zip: ORLANDO, FL 32801

Title: VD ( ) Delete  
Name: GEMSKIE, JERRY  
Address: 36 WEST PINE ST SUITE 204  
City-St-Zip: ORLANDO, FL 32801

Title: VD ( ) Delete  
Name: BROOKS, BILL  
Address: 36 W PINE ST, STE #204  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: WALTERS, TOM  
Address: 36 W PINE ST STE 204  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: BRUHN, GARY  
Address: 36 W PINE ST, STE #204  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: TILL, KATHY  
Address: 36 W PINE ST, STE #204  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GEMSKIE, JERRY  
Address: 36 WEST PINE ST SUITE 204  
City-St-Zip: ORLANDO, FL 32801

Title: VD (X) Change ( ) Addition  
Name: BROOKS, BILL  
Address: 36 WEST PINE ST SUITE 204  
City-St-Zip: ORLANDO, FL 32801

Title: VD (X) Change ( ) Addition  
Name: WALTERS, TOM  
Address: 36 W PINE ST, STE #204  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN E. CROTTY

Electronic Signature of Signing Officer or Director

DIR

02/23/2007

Date