

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90041 007 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N94000002762</b>   |   |  |  |   |  |
| <b>1. Entity Name</b><br>ORLANDO-ORANGE COUNTY EXPRESSWAY<br>AUTHORITY FOUNDATION, INC.  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>525 S. MAGNOLIA AVE.<br>ORLANDO, FL 32801  |   |  | <b>Mailing Address</b><br>525 S. MAGNOLIA AVE.<br>ORLANDO, FL 32801  |   |  |
| <b>2. Principal Place of Business</b>  |   |  | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.  |   |  |
| City & State   |   |  | City & State   |   |  |
| Zip  |   | Country  |  | Zip   |  |
| Country  |   | Country  |  | Country   |  |
| <b>4. FEI Number</b><br>59-3262247   |   |  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                               |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SNYDER, MICHAEL<br>525 S. MAGNOLIA AVE.<br>ORLANDO, FL 32801   |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| FL   |   |  | Zip Code   |   |  |
| <b>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.</b>   |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |   |  |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |   |  |  |   |  |
| DATE   |   |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>  |   | <b>9. Election Campaign Financing</b><br>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>   |   |  |
| <b>TITLE</b><br>D  | <b>NAME</b><br>PELIEGRINI, NOAM         |  | <b>TITLE</b><br>T  | <b>NAME</b><br>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |
| <b>STREET ADDRESS</b><br>525 S. MAGNOLIA AVE.  | <b>CITY-ST-ZIP</b><br>ORLANDO, FL 32801 |  | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <b>TITLE</b><br>D  | <b>NAME</b><br>STULL, ED                |  | <b>TITLE</b><br>V  | <b>NAME</b><br>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |
| <b>STREET ADDRESS</b><br>525 S. MAGNOLIA AVE.  | <b>CITY-ST-ZIP</b><br>ORLANDO, FL 32801 |  | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <b>TITLE</b><br>S  | <b>NAME</b><br>MAZZILLO, DARLEEN        |  | <b>TITLE</b>   | <b>NAME</b><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| <b>STREET ADDRESS</b><br>525 S MAGNOLIA AVE  | <b>CITY-ST-ZIP</b><br>ORLANDO, FL 32801 |  | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <b>TITLE</b><br>DT   | <b>NAME</b><br>SLACK, TERRI             |  | <b>TITLE</b><br>P  | <b>NAME</b><br>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |
| <b>STREET ADDRESS</b><br>525 SOUTH MAGNOLIA AVE.   | <b>CITY-ST-ZIP</b><br>ORLANDO, FL 32801 |  | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <b>TITLE</b><br>D  | <b>NAME</b><br>GLASS, SCOTT             |  | <b>TITLE</b>   | <b>NAME</b><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| <b>STREET ADDRESS</b><br>525 S MAGNOLIA AVE  | <b>CITY-ST-ZIP</b><br>ORLANDO, FL 32801 |  | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <b>TITLE</b><br>P  | <b>NAME</b><br>KIRBY, PERRY             |  | <b>TITLE</b>   | <b>NAME</b><br>Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| <b>STREET ADDRESS</b><br>525 S MAGNOLIA AVE  | <b>CITY-ST-ZIP</b><br>ORLANDO, FL 32801 |  | <b>STREET ADDRESS</b>  | <b>CITY-ST-ZIP</b>  |  |
| <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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Terri Slack</i>   |   |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |  |   |  |
| Date: 4-7-05   |   |  |  |   |  |
| Daytime Phone #  |   |  |  |   |  |

# ATTACHMENT

40654594

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002762

ORLANDO-ORANGE COUNTY EXPRESSWAY AUTHORITY FOUNDATION, INC.

### Block 11 continued

| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST - ZIP | D<br>JACKSON, KEITH<br>525 S. MAGNOLIA AVE<br>ORLANDO, FL 32801 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST - ZIP | D<br>BUTLER, SAM<br>525 S. MAGNOLIA AVE<br>ORLANDO, FL 32801    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST - ZIP | D<br>DREILING, BEN<br>525 S. MAGNOLIA AVE<br>ORLANDO, FL 32801  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST - ZIP | D<br>EVORA, ORLANDO<br>525 S. MAGNOLIA AVE<br>ORLANDO, FL 32801 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST - ZIP | D<br>WIGLE, STEVE<br>525 S. MAGNOLIA AVE<br>ORLANDO, FL 32801   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |