

FILED
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Secretary of State

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**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000002762 1. Entity Name ORLANDO-ORANGE COUNTY EXPRESSWAY AUTHORITY FOUNDATION, INC.					
Principal Place of Business 525 S. MAGNOLIA AVE. ORLANDO, FL 32801			Mailing Address 525 S. MAGNOLIA AVE. ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 2121 Camden Road Suite, Apt. #, etc. Suite B		3. Mailing Address 2121 Camden Road Suite, Apt. #, etc. Suite B		40003952 	
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-3262247	
Zip 32803		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, MICHAEL 525 S. MAGNOLIA AVE. ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T PELEGRINI, NORMAN 525 S. MAGNOLIA AVE. ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PELEGRINI, NORMAN 2121 Camden Road, Suite B Orlando, Florida 32803 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STULL, ED 525 S. MAGNOLIA AVE. ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D STULL, ED 2121 Camden Road, Suite B Orlando, Florida 32803 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAZZILLO, DARLEEN 525 S MAGNOLIA AVE ORLANDO, FL 32801 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGLE, STEVE 2121 Camden Road Orlando, Florida 32803 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, KEITH 525 SOUTH MAGNOLIA AVE. ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JACKSON, KEITH 2121 Camden Road, Suite B Orlando, Florida 32803 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, SCOTT 525 S MAGNOLIA AVE ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBAS, ALBERTO 2121 Camden Road Orlando, Florida 32803 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, JOSEPH 525 S. MAGNOLIA AVENUE ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, DEREK 2121 Camden Road Orlando, Florida 32801 ☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			ED STULL, PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/11/08 Daytime Phone # (407) 426-9611		