## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005913

FILED Jan 06, 2006 Secretary of State

Entity Name: GREATER ORLANDO LIMOUSINE ASSOCIATION, INC

**Current Principal Place of Business: New Principal Place of Business:** 4101 LINDY CIRCLE SUITE #8 ORLANDO, FL 32827 **New Mailing Address: Current Mailing Address:** P O BOX 621871 ORLANDO, FL 328621871 FEI Number: 59-3537402 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARLSWARD, TIMOTHY P T 4101 LINDY CIRCLE SUITE #8 ORLANDO, FL 32827 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete TERRANOVA, RANDY PRES MCKENZIE, MICHAEL PRES Name: Name: 775 MUSAGO RUN Address: 7344 GROTTO AVENUE Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: ORLANDO, FL 32812 Title: () Delete Title: (X) Change ( ) Addition EASON, RONALD Name: WHITE, BARBARA VP Name: Address: P.O. BOX 4312 Address: P.O. BOX 617556 City-St-Zip: APOPKA, FL 32704 City-St-Zip: ORLANDO, FL 32861 Title: ( ) Delete Title: (X) Change ( ) Addition WHITE, BARBARA SEC DUGGAN, JENIFER SEC Name: Name: ONE NORTH JACARANDA 4705 SPOTTSWOOD RD Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 32812 ( ) Delete Title: Title: () Change () Addition Name: CARLSWARD, TIMOTHY P TREA Name: 4101 LINDY CIRCLE SUITE #8 Address: Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition MCKENZIE, MICHAEL DIR BERRY, MICHAEL DIR Name: Name: 7344 GROTTO AVENUE 9712 S. ORANGE AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32824 Title: () Delete Title: () Change () Addition MELTCHER, KEVIN DIR Name: Name: Address: 7512 DR. PHILIPS BLVD. SUITE #50187 Address: ORLANDO, FL 32819 City-St-Zip: 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: TIMOTHY P. CARLSWARD TREA 01/06/2006