

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005913

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: GREATER ORLANDO LIMOUSINE ASSOCIATION, INC

## Current Principal Place of Business:

9675 TRADEPORT DRIVE  
SUITE #10  
ORLANDO, FL 32827

## New Principal Place of Business:

6602 FRANCONIA DR  
ORLANDO, FL 32812

## Current Mailing Address:

P O BOX 621871  
ORLANDO, FL 32862

## New Mailing Address:

PO BOX 621871  
ORLANDO, FL 32862 US

FEI Number: 59-3537402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARLSWARD, TIMOTHY P T  
9675 TRADEPORT DRIVE  
SUITE #10  
ORLANDO, FL 32827 US

## Name and Address of New Registered Agent:

CARLSWARD, TIMOTHY P T  
4972 TANGERINE AVENUE  
WINTER PARK, FL 32792 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:

04/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCKENZIE, MICHAEL PRES  
Address: 7344 GROTTA AVENUE  
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete  
Name: WHITE, BARBARA VP  
Address: P.O. BOX 617556  
City-St-Zip: ORLANDO, FL 32861

Title: T/S ( ) Delete  
Name: CARLSWARD, TIMOTHY P TR/SEC  
Address: P.O. BOX 1627  
City-St-Zip: GOLDENROD, FL 32733

Title: D ( ) Delete  
Name: TERRANOVA, RANDY DIR  
Address: 6313 BORDEAUX CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: BERRY, MICHAEL DIR  
Address: 9712 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: BARTON, DAVE DIR  
Address: 1209 SAXON BLVD., SUITE #5  
City-St-Zip: ORANGE CITY, FL 32763

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCKENZIE, MICHAEL PRES  
Address: 6602 FRANCONIA DR  
City-St-Zip: ORLANDO, FL 32812

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

Title: S/T (X) Change ( ) Addition  
Name: CARLSWARD, TIMOTHY P SEC/TR  
Address: P.O. BOX 1627  
City-St-Zip: GOLDENROD, FL 32733

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

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

Title: D (X) Change ( ) Addition  
Name: BRAASCH, PAUL  
Address: 5890 S. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify 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

S/T

04/11/2009

Electronic Signature of Signing Officer or Director

Date