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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732741 (4)

1. Corporation Name
SUMTER COUNTY DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
107 BUSHNELL PLAZA SUITE 100 BUSHNELL FL 33513	107 BUSHNELL PLAZA SUITE 100 BUSHNELL FL 33513-6101

3. Date Incorporated or Qualified: 05/13/1975
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2870873 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

LEWIS, CHARLES D.
8208 CR 109D-1
LADY LAKE FL 32159

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, JOE JR.		1.2 NAME		
STREET ADDRESS	314 N YORK ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THIGPEN, JAMES		2.2 NAME		
STREET ADDRESS	519 W. NOBLE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	WADE, JAMES E. III		3.2 NAME	Taylor, Nancy	
STREET ADDRESS	7787 SW 70TH DR.		3.3 STREET ADDRESS	4962 CR 118	
CITY-ST-ZIP	BUSHNELL FL		3.4 CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, KEN		4.2 NAME		
STREET ADDRESS	7275 CR 219		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, JIM		5.2 NAME		
STREET ADDRESS	PO BOX 301 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUMTERVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OGILVIE, ALEX III		6.2 NAME		
STREET ADDRESS	406 S. MAIN ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Strickland, Jr. 4/17/97 352-793-3194