

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90352 025 ****61.25

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1. Entity Name

SUMTER COUNTY ECONOMIC DEVELOPMENT COUNCIL,
INC.



Principal Place of Business

225 S 301
SUMTERVILLE FL 33585

Mailing Address

P.O. BOX 70
SUMTERVILLE FL 33585

24048226



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2870873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, DIANA
225 S US 301
P.O. BOX 70
SUMTERVILLE FL 33585

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP OGILVIE, ALEX 406 S MAIN ST WILDWOOD FL 34785	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNCAN, JAMES P.O. BOX 301 SUMTERVILLE FL 33585	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNETTE, JANE 115 N FLORIDA STREET BUSHNELL FL 33513	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, JON 4306 E CR 462 WILDWOOD FL 34785	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, DENNIS 8375 MAIN ST WILDWOOD FL 34785	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KAY MCCOY 107 BUSHNELL PLAZA BUSHNELL, FL. 33513	☒ Change ☒ Addition

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 entries like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04

352-748-1701