

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sand'a B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740360** (3)

1. Corporation Name

ECONOMIC DEVELOPMENT COMMISSION OF MID-FLORIDA, INCORPORATED



Principal Place of Business

Mailing Address

200 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801-8957

200 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801-8957

3. Date Incorporated or Qualified

10/07/1977

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1767933

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, CHARLES J. ESQ.
GRAY, HARRIS & ROBINSON, PA
201 E. PINE ST., STE 1200
ORLANDO FL 32801

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	<input type="checkbox"/> DELETE
NAME	TESCH, RICHARD W.	
STREET ADDRESS	200 E. ROBINSON STREET STE 600	
CITY-ST-ZIP	ORLANDO FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, WILLIAM B	
STREET ADDRESS	2 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, JERMAH	
STREET ADDRESS	2301 MAITLAND CTR. PKWAY 2 NORTH	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOEPNER, THEODORE J	
STREET ADDRESS	200 SOUTH ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THIBODEAUX, RONALD L.	
STREET ADDRESS	200 E. ROBINSON STREET STE 600	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VC PATRICIA J. ENYFER
2.3 STREET ADDRESS	9300 Airport Blvd.
2.4 CITY-ST-ZIP	Orlando, FL 32827
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD F. DAVID MCKINNEY
3.3 STREET ADDRESS	11 S. Bumby Ave
3.4 CITY-ST-ZIP	Orlando, FL 32803
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

Date

(407) 422-7159

Daytime Phone #

CR2E037 (12/95)