

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra 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 200 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801-8957 | Mailing Address 200 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801-1957 |
|--|--|

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|---|----------------------------------|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 10/07/1977 | 3a. Date of Last Report 03/26/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1767933 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--------------------|
| 9. Name and Address of Current Registered Agent GRAY, CHARLES J. ESQ. GRAY, HARRIS & ROBINSON, PA 201 E. PINE ST., STE 1200 ORLANDO FL 32801 | | 10. Name and Address of New Registered Agent | |
| | | B1 Name | |
| | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| | | B3 | |
| | | B4 City | B5 Zip Code |
| | | | FL |

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 | 1.1 TITLE P&CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TESCH, RICHARD W. | | 1.2 NAME Daniel A. Lynch | |
| STREET ADDRESS 200 E. ROBINSON STREET STE 600 | | 1.3 STREET ADDRESS 200 E. Robinson St., Ste 600 | |
| CITY-ST-ZIP ORLANDO FL | | 1.4 CITY-ST-ZIP Orlando, FL | |
| TITLE VC | <input type="checkbox"/> DELETE | 2.1 TITLE CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ENGFER, PATRICIA | | 2.2 NAME Patricia Engfer | |
| STREET ADDRESS 9300 AIRPORRT BLVD | | 2.3 STREET ADDRESS 9300 Airport Blvd. | |
| CITY-ST-ZIP ORLANDO FL | | 2.4 CITY-ST-ZIP Orlando, FL | |
| TITLE STD | <input type="checkbox"/> DELETE | 3.1 TITLE VCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCKINNEY, F. DAVID | | 3.2 NAME David F. McKinney | |
| STREET ADDRESS 11 S BUMBY AVENUE | | 3.3 STREET ADDRESS 11 S. Bumby Avenue | |
| CITY-ST-ZIP ORLANDO FL | | 3.4 CITY-ST-ZIP Orlando, FL | |
| TITLE CD | <input type="checkbox"/> DELETE | 4.1 TITLE STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HOEPNER, THEODORE J | | 4.2 NAME Thomas H. Yochum | |
| STREET ADDRESS 200 SOUTH ORANGE AVE. | | 4.3 STREET ADDRESS 390 N. Orange Avenue, Ste 900 | |
| CITY-ST-ZIP ORLANDO FL | | 4.4 CITY-ST-ZIP Orlando, FL | |
| TITLE VD | <input type="checkbox"/> DELETE | 5.1 TITLE EVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME THIBODEAUX, RONALD L. | | 5.2 NAME Michael L. Bobroff | |
| STREET ADDRESS 200 E. ROBINSON STREET STE 600 | | 5.3 STREET ADDRESS 200 E. Robinson St., Ste 600 | |
| CITY-ST-ZIP ORLANDO FL | | 5.4 CITY-ST-ZIP Orlando, FL | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 of Block 13, if changed, or on an attachment with an address.

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

CR2E037 (9/96)