


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740360 (3)**  
 1. Corporation Name  
**ECONOMIC DEVELOPMENT COMMISSION OF MID-FLORIDA, INCORPORATED**



Principal Place of Business <b>200 EAST ROBINSON STREET SUITE 800 ORLANDO FL 32801-8957</b>	Mailing Address <b>200 EAST ROBINSON STREET SUITE 800 ORLANDO FL 32801-8957</b>
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3. Date Incorporated or Qualified  
**10/07/1977**

4. FEI Number  
**59-1767933**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TESCH, RICHARD W.</b>	1.2 NAME	<b>McKinney, F. David</b>
STREET ADDRESS	<b>200 E. ROBINSON STREET STE 600</b>	1.3 STREET ADDRESS	<b>11 S. Bumby Ave.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32853</b>
TITLE	<b>VC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGFER, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>8300 AIRPORT BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCKINNEY, F. DAVID</b>	3.2 NAME	<b>Hunt, Thomas</b>
STREET ADDRESS	<b>11 S BUMBY AVENUE</b>	3.3 STREET ADDRESS	<b>500 S. Orange Ave., Suite 108</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOEPNER, THEODORE J</b>	4.2 NAME	<b>Yochum, Thomas H.</b>
STREET ADDRESS	<b>200 SOUTH ORANGE AVE.</b>	4.3 STREET ADDRESS	<b>200 S. Orange Avenue, 6th Floor</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL 32802</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THIBODEAUX, RONALD L.</b>	5.2 NAME	<b>Lynch, Daniel A.</b>
STREET ADDRESS	<b>200 E. ROBINSON STREET STE 600</b>	5.3 STREET ADDRESS	<b>200 E. Robinson Street, Suite 600</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>Orlando, FL 32802</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Bobroff, Michael L.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>200 E. Robinson Street, Suite 600</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>

14. 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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (10/97)