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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 740360**

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 32801-8957



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/07/1977

4. FEI Number

59-1767933

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

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

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                      | C                           | 1.1 TITLE   | D                            |
| NAME                       | MCKINNEY, F DAVID           | 1.2 NAME  |                              |
| STREET ADDRESS             | 11 S BUMBYU AVE             | 1.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | ORLANDO FL 32853            | 1.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | D                           | 2.1 TITLE   |                              |
| NAME                       | ENGFER, PATRICIA            | 2.2 NAME  |                              |
| STREET ADDRESS             | 9300 AIRPORRT BLVD          | 2.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | ORLANDO FL                  | 2.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | STD                         | 3.1 TITLE   | D                            |
| NAME                       | HUNT, THOMAS                | 3.2 NAME  |                              |
| STREET ADDRESS             | 500 S ORANGE AVE SUITE 108  | 3.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | ORLANDO FL 32801            | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | VD                          | 4.1 TITLE   | C                            |
| NAME                       | YOCUM, THOMAS H             | 4.2 NAME  |                              |
| STREET ADDRESS             | 200 S ORANGE AVE 6TH FL     | 4.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | ORLANDO FL 32802            | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | PD                          | 5.1 TITLE   | P/D                          |
| NAME                       | LYNCH, DANIEL A             | 5.2 NAME  | J. DARRELL KELLEY            |
| STREET ADDRESS             | 100 E ROBINSON ST SUITE 600 | 5.3 STREET ADDRESS                                    | 200 E ROBINSON ST, SUITE 600 |
| CITY-ST-ZIP                | ORLANDO FL 32802            | 5.4 CITY-ST-ZIP                                       | ORLANDO, FL 32801            |
| TITLE                      | VD                          | 6.1 TITLE   | S/T/D                        |
| NAME                       | BOBROFF, MICHAEL L          | 6.2 NAME  | HOWELL, MELTON JR            |
| STREET ADDRESS             | 200 E ROBINSON ST SUITE 600 | 6.3 STREET ADDRESS                                    | 200 E ROBINSON ST, SUITE 600 |
| CITY-ST-ZIP                | ORLANDO FL 32801            | 6.4 CITY-ST-ZIP                                       | ORLANDO, FL 32801            |

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1-8-98

407-422-7159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)