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**Feb 24, 1999 8:00 am**  
**Secretary of State**

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0016321

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/07/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1767933	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		4.1 TITLE	C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE		6.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 1-8-98 407-422-7179

CR2E037 (1/198)