

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

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN -5 PM 1:29

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N97000004936 (7)**

1. Corporation Name

**HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.**

Principal Place of Business

**HENDRY COUNTY COURTS BUILDING ANNEX  
50 SOUTH BRIDGE STREET  
LABELLE FL 33935**

Mailing Address

**P.O. BOX 1780  
LABELLE FL 33975**

3. Date Incorporated or Qualified

**08/29/1997**

4. FEI Number

**65-0783834**

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be**

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

**KERN, CARL E III  
HENDRY COUNTY COURTS BUILDING ANNEX  
50 SOUTH BRIDGE STREET  
LABELLE FL 33935**

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JORDAN, MIKE</b>	
STREET ADDRESS	<b>P.O. BOX 2020 - HENDRY CO. BANK</b>	
CITY-ST-ZIP	<b>LABELLE FL 33975</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VINSON, MIKE</b>	
STREET ADDRESS	<b>P.O. BOX 519 - GLADES ELEC. CO-OP, INC.</b>	
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMMONS, CRAIG</b>	
STREET ADDRESS	<b>P.O. BOX 388 - ALICO</b>	
CITY-ST-ZIP	<b>LABELLE FL 33975</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JORDAN, MIKE</b>	
STREET ADDRESS	<b>155 N. BRIDGE ST. - HENDRY CO. BANK</b>	
CITY-ST-ZIP	<b>LABELLE, FL. 33935</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VINSON, MIKE</b>	
STREET ADDRESS	<b>US HWY 27 S. - GLADES ELEC. CO-OP</b>	
CITY-ST-ZIP	<b>MOORE HAVEN, FL 33471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMMONS, CRAIG</b>	
STREET ADDRESS	<b>640 S. MAIN ST. - ALICO</b>	
CITY-ST-ZIP	<b>LABELLE, FL 33935</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DIRECTOR</b>
1.3 STREET ADDRESS	<b>ANDY HIGGINBOTHAM HIGGINBOTHAM &amp; CO</b>
1.4 CITY-ST-ZIP	<b>PO BOX 1466 LABELLE FL 33975</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>DAN MCCARTHY</b>
2.4 CITY-ST-ZIP	<b>GLADES GAS CO 811 W ROYAL PALM AVE. CLEWISTON FL 33440</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>ANDY HIGGINBOTHAM</b>
3.4 CITY-ST-ZIP	<b>150 S. MAIN ST. - HIGGINBOTHAM &amp; CO LABELLE, FL 33935</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SIC1000295.5.316:031--5.</b>
4.3 STREET ADDRESS	<b>-06/03/98--01114--003</b>
4.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
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 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

*[Handwritten Signature]* 4/28/98

CR2E037 (10/97)

*[Handwritten Signature]*  
6/15/98