
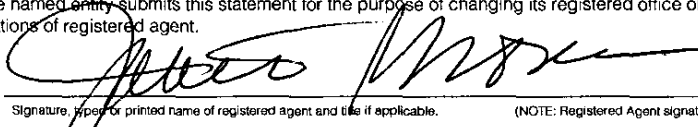


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90018 012 \*\*\*\*61.25

<b>DOCUMENT # N97000004936</b>					
1. Entity Name HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.					
Principal Place of Business 250 LEE STREET LABELLE, FL 33935		Mailing Address PO BOX 2518 LABELLE, FL 33975			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0783834	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GROVES, JANICE 250 LEE STREET LABELLE, FL 33935			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KEYES, PHILLIP	NAME	Deborah VanSickle		
STREET ADDRESS	PO BOX 128	STREET ADDRESS	300 E. Sugarland Hwy.		
CITY-ST-ZIP	LABELLE, FL 33975	CITY-ST-ZIP	Clewiston, FL 33440		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VINSON, MIKE	NAME	Larry Parrish		
STREET ADDRESS	US HWY 27 S. - GLADES ELEC CO-OP	STREET ADDRESS	312 W. Circle Dr.		
CITY-ST-ZIP	MOORE HAVEN, FL 33471	CITY-ST-ZIP	Clewiston, FL 33440		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL, BRYAN	NAME			
STREET ADDRESS	HWY 29 S-BRYAN PAUL CIRTUS	STREET ADDRESS			
CITY-ST-ZIP	LABELLE, FL 33935	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIGGINBOTHAM, ANDY	NAME			
STREET ADDRESS	150 S. MAIN ST - HIGGINBOTHAM & CO	STREET ADDRESS			
CITY-ST-ZIP	LABELLE, FL 33935	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, DAN	NAME			
STREET ADDRESS	811 W. ROYAL PALM AVE. - GLADES GAS CO	STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Phillip H. Keyes** 2/4/04 Date 863-675-6007 Daytime Phone #