

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2005  
Secretary of State**

DOCUMENT# N97000004936

Entity Name: HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

**Current Principal Place of Business:**

250 LEE STREET  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2518  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 65-0783834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROVES, JANICE  
250 LEE STREET  
LABELLE, FL 33935      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KEYES, PHILLIP  
Address: PO BOX 128  
City-St-Zip: LABELLE, FL 33975

Title: D      ( ) Delete  
Name: VAN SICKLE, DEBORAH  
Address: 300 E SUGARLAND HWY.  
City-St-Zip: CLEWISTON, FL 33440

Title: D      ( ) Delete  
Name: PAUL, BRYAN  
Address: HWY 29 S-BRYAN PAUL CIRTUS  
City-St-Zip: LABELLE, FL 33935

Title: D      ( ) Delete  
Name: PARRISH, LARRY  
Address: 312 W CIRCLE DR.  
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: TORRES, RUBEN  
Address: 1005 WEST SUGARLAND HWY  
City-St-Zip: CLEWISTON, FL 3440

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN TORRES

D

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date