2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004936

FILED Jan 18, 2006 Secretary of State

Entity Name: HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

250 LEE STREET 125 E HICKPOOCHEE AVE, SUITE 2

LABELLE, FL 33935 LABELLE, FL 33935

Current Mailing Address: New Mailing Address:

PO BOX 2518 LABELLE, FL 33975

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

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

GROVES, JANICE GROVES, JANICE

250 LEE STREET 125 E HICKPOOCHEE AVE, SUITE 2

LABELLE, FL 33935 US LABELLE, FL 33935 US

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: JANICE GROVES 01/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: KEYES, PHILLIP Name: VAN SICKLE, DEBORAH

 Address:
 PO BOX 128
 Address:
 300 E SUGARLAND HWY

 City-St-Zip:
 LABELLE, FL 33975
 City-St-Zip:
 CLEWISTON, FL 33440

Title: D () Delete Title: D (X) Change () Addition Name: VAN SICKLE, DEBORAH Name: DYESS, JENNIFER

Address: 300 E SUGARLAND HWY. Address: 1261 HOMESTEAD ROAD
City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete Title: () Change () Addition

 Name:
 PAUL, BRYAN
 Name:

 Address:
 HWY 29 S-BRYAN PAUL CIRTUS
 Address:

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PARRISH, LARRY
 Name:
 EBY, CHERYL

 Address:
 312 W CIRCLE DR.
 Address:
 528 SUGARLAND HWY

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:
 CLEWISTON, FL 33440

Title: D () Delete Title: D (X) Change () Addition

 Name:
 TORRES, RUBEN
 Name:
 PAPINAW, JANET

 Address:
 1005 WEST SUGARLAND HWY
 Address:
 PO BOX 818

 City-St-Zip:
 CLEWISTON, FL 3440
 City-St-Zip:
 LABELLE, FL 3440

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEBORAH VAN SICKLE D 01/18/2006