

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004936

FILED
Feb 21, 2008
Secretary of State

Entity Name: HENDRY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

125 E HICKPOOCHEE AVE, SUITE 2
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
125 E HICKPOOCHEE AVE, SUITE 2
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: DYESS, JENNIFER
Address: 1261 HOMESTEAD ROAD N
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: THOMAS, KEVIN
Address: 9045 SE RAIN TREE BLVD.
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: GUTJAHR, CHERYL L EBY-
Address: 528 SUGARLAND HWY
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: ROYAL, SCOTT
Address: 802 NW 1ST STREET
City-St-Zip: SOUTH BAY, FL 33493

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMAS, KEVIN
Address: 9045 SE RAIN TREE BLVD
City-St-Zip: LABELLE, FL 33935

Title: D (X) Change () Addition
Name: DYESS, JENNIFER
Address: 1261 HOMESTEAD ROAD N
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Change () Addition
Name: GUTJAHR, CHERYL L EBY-
Address: 528 E. SUGARLAND HWY
City-St-Zip: CLEWISTON, FL 33440

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

Title: D () Change (X) Addition
Name: TOMS, DANIELLE
Address: PO BOX 519
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN THOMAS

D

02/21/2008

Electronic Signature of Signing Officer or Director

_____ Date