

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004936

FILED
Jan 26, 2009
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:

ZIMMERLY, RON
165 S LEE STREET
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: RON ZIMMERLY

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: GUTJAHR, CHERYL L EBY-
Address: 528 E. 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: D (X) Delete
Name: TOMS, DANIELLE
Address: PO BOX 519
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRITT, TUESDAY
Address: PO BOX 697
City-St-Zip: LABELLE, FL 33975

Title: D (X) Change () Addition
Name: ANKENY, EMILY
Address: PO BOX 1680
City-St-Zip: LABELLE, FL 33975

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

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

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

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: TUESDAY TRITT

MRS.

01/26/2009

Electronic Signature of Signing Officer or Director

Date