


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90122 024 ****61.25

DOCUMENT # N97000004936

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **65-0783834** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GROVES, JANICE
250 LEE STREET
LABELLE FL 33935**

7. Name and Address of New Registered Agent

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 *Janice Groves, Director* DATE **2-5-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, MIKE	
STREET ADDRESS	155 N. BRIDGE ST - HENDRY CO BANK	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	VINSON, MIKE	
STREET ADDRESS	US HWY 27 S. - GLADES ELEC CO-OP	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, CRAIG	
STREET ADDRESS	640 S. MAIN ST. - ALICO	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, ANDY	
STREET ADDRESS	150 S. MAIN ST - HIGGINBOTHAM & CO	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, DAN	
STREET ADDRESS	811 W. ROYAL PALM AVE. - GLADES GAS CO	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip Keyes	
STREET ADDRESS	P.O. Box 128	
CITY-ST-ZIP	LaBelle, FL 33975	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan Paul	
STREET ADDRESS	Hwy 29 S - Bryan Paul Citrus	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)