FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000471 (4)

1. Corporation Name
SOUTH BAY ECONOMIC DEVELOPMENT COALITION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
102 S. PEBBLE BEACH BLVD. SUITE B-100 SUN CITY CENTER FL 33573-5718	P.O. BOX 3188 APOLLO BEACH FL 33572

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-3167683 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NYMARK, DENNIS V
102 S. PEBBLE BEACH BLVD.
SUITE B-103
SUN CITY CENTER FL 33573-5718

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, MICHAEL L	1.2 NAME	
STREET ADDRESS	662 YARDARM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FARMER, HENRY T JR	2.2 NAME	
STREET ADDRESS	P.O. BOX 7 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL 33598	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	NYMARK, DENNIS V	3.2 NAME	
STREET ADDRESS	102 S. PEBBLE BEACH, BLVD., B-103	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, GRAY	4.2 NAME	
STREET ADDRESS	6813 U.S. HWY 41 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JEANIE	5.2 NAME	
STREET ADDRESS	P.O. BOX 1304 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	COUNCIL, SANDY	6.2 NAME	
STREET ADDRESS	2107 E. COLLEGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael L Peterson 3-30-94 254-7157 (13)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #