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 MAY -1 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706670** **(7)**

1. Corporation Name
THE FLORIDA ECONOMIC DEVELOPMENT COUNCIL INC.

Principal Place of Business	Mailing Address
335 BEARD ST TALLAHASSEE FL 32303	335 BEARD ST TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1964
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7035680 ☐ 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 (21) | 2a. Mailing Address (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

HARRIS, ROBERT C.
335 BEARD ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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	P	11 TITLE	P ☐ Change ☒ Addition
NAME	BREITENFELD, JIM	12 NAME	
STREET ADDRESS	P. O. BOX 4097 N/A	13 STREET ADDRESS	1170 Martin L. King Blvd, Bldg 7
CITY-ST-ZIP	FT. WALT BCH. FL	14 CITY-ST-ZIP	Ft. Walton Bch, FL 32547
TITLE	PE	21 TITLE	T ☒ Change ☐ Addition
NAME	REICHARDT, JIM	22 NAME	Michele Miller
STREET ADDRESS	P. O. BOX 2811 N/A	23 STREET ADDRESS	821 Woodcrest Ave.
CITY-ST-ZIP	DAYTONA BCH. FL	24 CITY-ST-ZIP	Clearwater, FL
TITLE	VM	31 TITLE	PE ☒ Change ☐ Addition
NAME	MCGIBENY, DIAN	32 NAME	Diane McGibeny
STREET ADDRESS	3 INDEPENDENT DR.	33 STREET ADDRESS	128 E. Forsyth St., Ste 50
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	V	41 TITLE	V/D ☒ Change ☐ Addition
NAME	ROHRLACK, ROBERT J.	42 NAME	Michael Frey
STREET ADDRESS	P. O. BOX 420 N/A	43 STREET ADDRESS	200 W. Las Olas Blvd Ste 1
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301-2252
TITLE	V	51 TITLE	V/D ☒ Change ☐ Addition
NAME	RIVETT, ALLEN E.	52 NAME	Peter Tesch
STREET ADDRESS	1626 SE PORT ST. LUCIE BLVD.	53 STREET ADDRESS	110 E. Silver Spr. Blvd
CITY-ST-ZIP	PT. ST. LUCIE FL	54 CITY-ST-ZIP	Ocala, FL 34470
TITLE	D	61 TITLE	D N/A ☒ Change ☐ Addition
NAME	CLARK, MARIA	62 NAME	Charlotte Fullen
STREET ADDRESS	1005 E STRAWBRIDGE AVE	63 STREET ADDRESS	P.O. Box 550
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	Palatka, FL 32178-0550

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: _____ 3-21-95 904-657-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jim Breitenfeld

0002100