# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # 706670 (7)

1. Corporation Name

**THE FLORIDA ECONOMIC DEVELOPMENT COUNCIL INC.**

300001829203
-05/20/96--01041--043
***61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 335 BEARD ST<br>TALLAHASSEE FL 32303 | 335 BEARD ST<br>TALLAHASSEE FL 32303 |

3. Date Incorporated or Qualified: 01/07/1964
3a. Date of Last Report: 05/01/1995

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:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**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: Peter Lohrengel
82 Street Address (P.O. Box Number is Not Acceptable): 335 Beard Street
83:
84 City: Tallahassee FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE: Peter Lohrengel 4/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BREITENFELD, JIM<br>1170 MARTIN L KING JR BLVD BLDG 7<br>FT. WALT BCH. FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MILLER, MICHELLE<br>821 WOODCREST AVE<br>CLEARWATER FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>MCGIBNEY<br>128 E FORSYTH ST SUITE 50<br>JACKSONVILLE FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Peter Tesch<br>110 E. Silver Springs Blvd.<br>Ocala, FL 34470 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FREY, MICHAEL<br>200 W LAS OLAS BLVD SUITE 1<br>FT LAUDERDALE FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | P<br><br>350 SE 2nd St 5th Floor<br>Fort Lauderdale, FL 33301 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TESCH, PETER<br>110 E SILVER SPRINGS BLVD<br>OCALA FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | V<br>Pat Werner<br>200 E. Robinson St. Ste 600<br>Orlando, FL 32801 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FULLEN, CHARLOTTE<br>P O BOX 550<br>PALATKA FL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | V<br>Ted Astolfi<br>2400 S. Federal Hwy Ste 230<br>Stuart, FL 34994 | ☐ Change ☒ Addition |

CR2E037 (12/95)

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)(k), 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 V. Frey Michael V. FREY April 5, 1996 (954) 468-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #