FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 MAR 10 PM 3:27
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 32303-6227

3. Date Incorporated or Qualified: 01/07/1964
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 502 E. Jefferson St.
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL
24 Zip: 32301 25 Country: USA

2a. Mailing Address
26 502 E. Jefferson Street
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, FL
29 Zip: 32301 30 Country: USA

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

LOHRENGEL, PETER
335 BEARD ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Lohrengel, Peter
82 Street Address (P.O. Box Number is Not Acceptable): 502 E. Jefferson Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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 617.0503, Florida Statutes.

SIGNATURE _____ 2/20/97
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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BREITENFELD, JIM		1.2 NAME	Michael Frey	
STREET ADDRESS	1170 MARTIN L KING JR BLVD BLDG 7		1.3 STREET ADDRESS	350 SE 2nd Street, 5th Floor	
CITY-ST-ZIP	FT. WALT BCH. FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	T	☒ DELETE	2.1 TITLE	T.D.	☒ Change ☐ Addition
NAME	MILLER, MICHELLE		2.2 NAME	Ted Astolfi	
STREET ADDRESS	821 WOODCREST AVE		2.3 STREET ADDRESS	P.O. Box 2741 N/A	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP N/A	Stuart, FL 34995-2471	
TITLE	D	☒ DELETE	3.1 TITLE	D.	☒ Change ☐ Addition
NAME	TESCH, PETER		3.2 NAME	Pat Werner	
STREET ADDRESS	110 E SILVER SPRINGS BLVD		3.3 STREET ADDRESS	200 E. Robinson St., Suite 600	
CITY-ST-ZIP	OCALA FL 34470		3.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	P	☒ DELETE	4.1 TITLE	P.O.	☒ Change ☐ Addition
NAME	FREY, MICHAEL		4.2 NAME	Pete Tesch	
STREET ADDRESS	350 SE 2ND ST. 5TH FLOOR		4.3 STREET ADDRESS	108 N. Magnolia	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	400002110184--1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-03/11/97--01109--004	
TITLE		☐ DELETE	6.1 TITLE	*****61.25	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: _____ 2/20/97 3-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007511