FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 06 1998 8:00am
Secretary of State

DOCUMENT # 706670 (7)

1. Corporation Name
THE FLORIDA ECONOMIC DEVELOPMENT COUNCIL INC.

Principal Place of Business	Mailing Address
502 E. JEFFERSON STREET TALLAHASSEE FL 32301	502 E. JEFFERSON STREET TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 01/07/1964

4. FEI Number: 23-7035680 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOHRENGEL, PETER 502 E. JEFFERSON STREET TALLAHASSEE FL 32301	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 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 _____ 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	D	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FREY, MICHAEL		1.2 NAME	PATRICIA A. WERNER	
STREET ADDRESS	350 SE 2ND STREET, 5TH FLOOR		1.3 STREET ADDRESS	200 E. ROBINSON STREET, SUITE 600	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	ORLANDO, FL. 32801	
TITLE	TD	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	ASTOLFI, TED		2.2 NAME	MARYJANE STANLEY	
STREET ADDRESS	PO BOX 2741, N/A		2.3 STREET ADDRESS	300 S. ADAMS STREET	
CITY-ST-ZIP	STUART FL 34995-2471		2.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32301	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	TESCH, PETE		3.2 NAME	JERRY MALLOT	
STREET ADDRESS	108 N MAGNOLIA		3.3 STREET ADDRESS	3 INDEPENDENT DRIVE	
CITY-ST-ZIP	OCALA FL 34470		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	☐ DELETE	4.1 TITLE	P	☐ Change ☐ Addition
NAME	WERNER, PAT		4.2 NAME	TED ASTOLFI	
STREET ADDRESS	200 E. ROBINSON STREET, SUITE 600		4.3 STREET ADDRESS	PO BOX 2741, N/A	
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP	STUART, FL 34995-2471	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Mary Jane Stanley SIGNATURE REQUIRED 1/20/98 (850)891-8625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #