

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706670

FILED  
Apr 01, 2005  
Secretary of State

**Entity Name:** THE FLORIDA ECONOMIC DEVELOPMENT COUNCIL INC.

**Current Principal Place of Business:**

325 JOHN KNOX ROAD  
SUITE 201  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3186  
TALLAHASSEE, FL 32315 US

**New Mailing Address:**

**FEI Number:** 23-7035680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOUTIN, BARBRA  
325 JOHN KNOX RD, SUITE 201  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STANLEY, MARY JANE  
Address: 4111 LAND O' LAKES BLVD., STE. 305  
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: D ( ) Delete  
Name: CLEM, TED  
Address: PO BOX 1850  
City-St-Zip: PANAMA CITY, FL 32402 US

Title: D ( ) Delete  
Name: GRAY, GENE  
Address: PO BOX 1110  
City-St-Zip: TAMPA, FL 33601 US

Title: P ( ) Delete  
Name: BARBRA, BOUTIN  
Address: 325 JOHN KNOX RD, STUITE 201  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D (X) Delete  
Name: MCDERMOTT, WILLIAM  
Address: 1301 E. SECOND STREET  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIVEA PUGH

DIR

04/01/2005

Electronic Signature of Signing Officer or Director

Date