

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715616

1. Corporation Name

ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business

108 N MAGNOLIA AVENUE
SUITE 700
OCALA FL 34470
US

Mailing Address

P.O. BOX 459
OCALA FL 34478
US

99 MAR 19 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| | | | | | |
|---------------------------------|--|---------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 1515 E. SILVER SPRINGS BLVD. | | 26 | | 11/25/1968 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 SUITE 201 | | 27 | | 59-1095184 | |
| City & State | | City & State | | Applied For | |
| 23 Ocala, FL | | 28 | | Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired | |
| 24 34470 | | 25 USA | | 29 | |
| Country | | Country | | 30 | |
| 26 | | 27 | | 28 | |
| 29 | | 30 | | 31 | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| TESCH, PETE | | 81 Name | |
| 108 NORTH MAGNOLIA AVENUE | | 82 PETE TESCH | |
| SUITE 700 | | 83 Street Address (P.O. Box Number is Not Acceptable) | |
| OCALA, FL. FL 34470 | | 84 1515 E. SILVER SPRINGS BLVD. SUITE 201 | |
| | | 85 City | |
| | | OCALA | |
| | | FL | |
| | | 86 Zip Code | |
| | | 34470 | |

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: *Pete Tesch* (NOTE: Registered Agent signature required when reinstating) DATE: 1/06/99

| | | | |
|----------------------------|-----------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | C |
| NAME | WAGONER, WALLY | 1.2 NAME | WAGONER, WALLY |
| STREET ADDRESS | 108 N. MAGNOLIA AVE STE 700 | 1.3 STREET ADDRESS | 1515 E. SILVER SPRINGS BLVD. SUITE 201 |
| CITY-ST-ZIP | OCALA FL 34470 | 1.4 CITY-ST-ZIP | OCALA, FL 34470 |
| TITLE | D | 2.1 TITLE | D |
| NAME | STOUT, BONNIE | 2.2 NAME | STOUT, BONNIE |
| STREET ADDRESS | 108 N MAGNOLIA AVE STE 700 | 2.3 STREET ADDRESS | 1515 E. SILVER SPRINGS BLVD. #201 |
| CITY-ST-ZIP | OCALA FL 34470 | 2.4 CITY-ST-ZIP | OCALA, FL 34470 |
| TITLE | T | 3.1 TITLE | D |
| NAME | WHITTAKER, SANDRA | 3.2 NAME | WHITTAKER, SANDRA |
| STREET ADDRESS | 109 W SILVER SPRINGS BLVD | 3.3 STREET ADDRESS | 1515 E SILVER SPRINGS BLVD. #201 |
| CITY-ST-ZIP | OCALA FL 34475 | 3.4 CITY-ST-ZIP | OCALA, FL 34470 |
| TITLE | C | 4.1 TITLE | |
| NAME | FUTCH, KIM | 4.2 NAME | |
| STREET ADDRESS | 316 SW 33RD AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL 34474 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | T |
| NAME | EHLERS, HANK | 5.2 NAME | EHLERS HANK |
| STREET ADDRESS | 108 N MAGNOLIA AVE, STE 700 | 5.3 STREET ADDRESS | 1515 E SILVER SPRINGS BLVD. #201 |
| CITY-ST-ZIP | OCALA FL 34470 | 5.4 CITY-ST-ZIP | OCALA, FL 34470 |
| TITLE | D | 6.1 TITLE | D |
| NAME | KURTZ, JON | 6.2 NAME | KURTZ, JON |
| STREET ADDRESS | 108 N MAGNOLIA AVE STE 700 | 6.3 STREET ADDRESS | 1515 E SILVER SPRINGS BLVD. #201 |
| CITY-ST-ZIP | OCALA FL 34470 | 6.4 CITY-ST-ZIP | OCALA FL 34470 |

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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Pete Tesch* DATE: 1/06/99 (352) 629-2757