## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

1017 S MAIN ST

WILDWOOD, FL 34785

## Secretary of State **DOCUMENT #732741** 03-02-2007 90011 017 \*\*\*\*61.25 SUMTER COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC. Principal Place of Business Mailing Address **thne**ι **408 E SEMINOLE AVE** P.O. BOX 337 BUSHNELL FL 33513 BUSHNELL FL 33513 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E037 (12/06) Chg-NP City & State City & State 4. FEI Number 59-2870873 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIANA LEE, EXEC. DIRECTOR Street Address (P.O. Box Number is Not Acceptable) **408 E SEMINOLE AVE** P.O. BOX 337 BUSHNELL, FL 33513 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. VPD Delete TITLE Change Addition TITLE **DUNCAN, JAMES** MASA NAME STREET ADDRESS P.O. BOX 301 STREET ADDRESS Bushnell Plaza SUMTERVILLE, FL 33585 CITY-ST-7/P CITY-ST-7P SD ☐ Delete TITLE Addition TITLE RICE, KELLY NAME NAME Kelly Kice STREET ADDRESS 1034 W HWY 48 STREET ADDRESS BUSHNELL, FL 33513 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition SIMPSON, JON SIMPSON NAME NAME STREET ADDRESS **POB 249** STREET ADDRESS CITY-ST-ZIP WILDWOOD, FL 34785 CITY-ST-ZIP Delete ROGERS, DENNIS NAME NAME Lem Carnes Rd. STREET ADDRESS 5434 CR 122 N STREET ADDRESS CITY-ST-ZIP WILDWOOD, FL 34785 CITY-ST-ZIP erny Crenshaw **⊠** Addition TITLE Delete TITLE ☐ Change MCCOY, KAY NAME NAME

**FILED** Mar 02, 2007 8:00 am

12. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

North US 301

☐ Change

Addition

BIGINATURE: AND TYPED OR PRINTED HAME OF BIGINING OFFICER OR DIRECTOR Date Daylorie Phone #	SIGNATURE: Diana Lee DIANA Lee	2-14-07	352-793-3	003
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	