

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

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003684

1. Entity Name
SOUTHERN DEVELOPMENT COUNCIL INCORPORATED



Principal Place of Business
**8132 OLD FEDERAL ROAD
MONTGOMERY, AL 36117**

Mailing Address
**8132 OLD FEDERAL ROAD
MONTGOMERY, AL 36117**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0866023

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, JOHN T
126 N.E. EGLIN PARKWAY
FT. WALTON BEACH, FL 32548-4917**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BEDFORD, MAUDIE D 8132 OLD FEDERAL ROAD MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC BARRY, WILLIAM 8132 OLD FEDERAL ROAD MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KNIGHT, JOHN 8132 OLD FEDERAL ROAD MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARR, JO KAREN 8132 OLD FEDERAL ROAD MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/18/07-80010-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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

SIGNATURE: _____

William Barry
William Barry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

Date

334-244-1801

Daytime Phone #