2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# F05000003684

Entity Name: SOUTHERN DEVELOPMENT COUNCIL INCORPORATED

Current Principal Place of Business:

8132 OLD FEDERAL ROAD
MONTGOMERY, AL 36117

New Principal Place of Business:

Current Mailing Address:

8132 OLD FEDERAL ROAD
MONTGOMERY, AL 36117

New Mailing Address:

FEI Number: 63-0866023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, JOHN T
126 N.E. EGLIN PARKWAY
FT. WALTON BEACH, FL 325484917 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: CP ( ) Delete
Name: BEDFORD, MAUDIE D
Address: 8132 OLD FEDERAL ROAD
City-St-Zip: MONTGOMERY, AL 36117

Title: VC ( ) Delete
Name: BARRY, WILLIAM
Address: 8132 OLD FEDERAL ROAD
City-St-Zip: MONTGOMERY, AL 36117

Title: SD ( ) Delete
Name: KNIGHT, JOHN
Address: 8132 OLD FEDERAL ROAD
City-St-Zip: MONTGOMERY, AL 36117

Title: D ( ) Delete
Name: PARR, JO KAREN
Address: 8132 OLD FEDERAL ROAD
City-St-Zip: MONTGOMERY, AL 36117

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM P. BARRY VP 01/27/2009

Electronic Signature of Signing Officer or Director — Date