

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000002377

1. Entity Name  
NATIONAL COUNCIL FOR ECONOMIC DEVELOPMENT  
ORGANIZATIONS, INC.



Principal Place of Business

1051 PARADISE LN  
PENSACOLA, FL 32506

Mailing Address

1051 PARADISE LN  
PENSACOLA, FL 32506

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
27-0019000

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DONOVAN, MICHAEL J  
1051 PARADISE LN  
PENSACOLA, FL 32506

**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 September 8, 2004**

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  
DT  
DONOVAN, MICHAEL J  
1051 PARADISE LANE  
PENSACOLA, FL 32506

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
HEMMER, JOSEPH  
1243 STOW AVE  
MILTON, FL 32583

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
BROOKS, TIM  
1051 PARADISE LANE  
PENSACOLA, FL 32506

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000170437  
08/19/04-80004-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: *Michael J. Donovan* **DT MICHAEL J. DONOVAN**

8/17/04

850-453-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #