2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
1051 PARADISE LN PENSACOLA, FL 32506	1051 PARADISE LN PENSACOLA, FL 32506

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04042006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	DONOVAN, MICHAEL J
STREET ADDRESS	1051 PARADISE LANE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	DP
NAME	HEMMER, JOSEPH
STREET ADDRESS	1243 STOW AVE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	SD
NAME	BROOKS, TIM
STREET ADDRESS	1051 PARADISE LANE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80049-001 61.25

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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: M. J. Donovan M.J. DONOVAN 4/05/06 850-453-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #