


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

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002377</b> 1. Entity Name <b>NATIONAL COUNCIL FOR ECONOMIC DEVELOPMENT ORGANIZATIONS, INC.</b>	
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Principal Place of Business <b>1051 PARADISE LN PENSACOLA, FL 32506</b>	Mailing Address <b>1051 PARADISE LN PENSACOLA, FL 32506</b>
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**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>27-0019000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DONOVAN, MICHAEL J 1051 PARADISE LN PENSACOLA, FL 32506</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	

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04/24/07-80038-004 61.25

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 4/10/07 850-453-2696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #