

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003576

FILED
Apr 14, 2009
Secretary of State

Entity Name: ECONOMIC DEVELOPMENT RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

224 DATURA STREET
1416
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

224 DATURA STREET
1416
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-0080989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, PHILIP H III
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407 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: T () Delete
Name: AUDIN, KEVIN
Address: 2799 ARIES WAY
City-St-Zip: CUIAHOGA FALLS, OH 44223

Title: D () Delete
Name: PHIPPS, JEFFREY
Address: 777 EAST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: P () Delete
Name: SABIN, EDWARD
Address: 4555 RIVERSIDE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: LYNCH, THOMAS
Address: P.O. DRAWER 730
City-St-Zip: DELRAY BEACH, FL 33477

Title: S () Delete
Name: WARD, PHILIP
Address: 4420 BEACON CIR.
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D () Delete
Name: WEISMAN, ROBERT
Address: 301 N. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: GRETA VON UNRUH

ED

04/14/2009

Electronic Signature of Signing Officer or Director

Date