

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010277

FILED
May 04, 2005
Secretary of State

Entity Name: ECONOMIC DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

3050 HORSESHOE DR
NAPLES, FL 34104

New Principal Place of Business:

3050 N. HORSESHOE DR.
120
NAPLES, FL 34104

Current Mailing Address:

3050 HORSESHOE DR #120
NAPLES, FL 34104

New Mailing Address:

3050 N. HORSESHOE DR .
120
NAPLES, FL 34104

FEI Number: 20-0422928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
NAPLES, FL 34109 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: D () Delete
Name: BOHHOF, RICHARD
Address: 9121 TROON LAKES DRIVE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: CARMICHAEL, KEVIN
Address: 1395 PANTHER LANE #300
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: NCMECCK, TAMMIE
Address: 3050 N HORSESHOE DRIVE #120
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONRECODE, THOMAS
Address: 3003 TAMIAMI TRAIL N. #400
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NEMECEK, TAMMIE
Address: 3050 N. HORSESHOE DRIVE #120
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: CONNIE TOWLE

MD

05/04/2005

Electronic Signature of Signing Officer or Director

Date