

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001917

FILED
Apr 20, 2009
Secretary of State

Entity Name: NORTH FLORIDA ECONOMIC DEVELOPMENT PARTNERSHIP, INC.

Current Principal Place of Business:

C/O NCFRPC
2009 NW 67TH PLACE, SUITE A
GAINESVILLE, FL 32653

New Principal Place of Business:

162 SOUTH MARION AVE.
LAKE CITY, FL 32025

Current Mailing Address:

C/O NCFRPC
2009 NW 67TH PLACE, SUITE A
GAINESVILLE, FL 32653

New Mailing Address:

162 SOUTH MARION AVE.
LAKE CITY, FL 32025

FEI Number: 20-4360126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORASKI, JAYNE
2009 NW 67TH PLACE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

POOLE, JIM
162 SOUTH MARION AVE.
LAKE CITY, FL 32025 US

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: JIM POOLE

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALL, EUGENE
Address: 935 E BRANCH STREET
City-St-Zip: MONTICELLO, FL 32344

Title: V () Delete
Name: FULLEN, CHARLOTTE
Address: PO BOX 550; 1100 REID STREET
City-St-Zip: PALATKA, FL 321780550

Title: S/T () Delete
Name: MORASKI, JAYNE
Address: 2009 NW 67TH PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BREER, RICK
Address: 425 SOUTH JEFFERSON STREET
City-St-Zip: PERRY, FL 32348

Title: VC (X) Change () Addition
Name: CHERRY, ALLEN
Address: P.O. BOX 539
City-St-Zip: MADISON, FL 32341

Title: T (X) Change () Addition
Name: POOLE, JIM
Address: 162 SOUTH MARION AVE
City-St-Zip: LAKE CITY, FL 32025

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: JIM POOLE

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date