

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 013 ***113.75

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|---|---|---|---|---|---------------------|
| DOCUMENT # N07000006474 | | | | | |
| 1. Entity Name CENTRAL ECONOMIC DEVELOPMENT CENTER, INC. | | | | | |
| Principal Place of Business 302 MANATEE AVENUE EAST STE 301 BRADENTON, FL 34208 | | | Mailing Address 302 MANATEE AVENUE EAST STE 301 BRADENTON, FL 34208 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 303 | | Suite, Apt. #, etc. 303 | | 05012008 Chg-NP CR2E037 (12/06) | |
| City & State DOC | | City & State | | 4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable | |
| 1. Zip CEN | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HALLIBURTON, SHEROD 2002 MARTIN LUTHER KING JR AVE BRADENTON, FL 34208 STE 301 BRAD | | | Name Irene Ingram Street Address (P.O. Box Number is Not Acceptable) 302 Manatee Ave East, Suite 303 City Bradenton FL Zip Code 34208 | | |
| 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: S Irene Ingram SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD NAME LEZMAN, STEVE STREET ADDRESS 2002 MARTIN LUTHER KING JR AVE CITY - ST - ZIP BRADENTON, FL 34208 | <input checked="" type="checkbox"/> Delete | | TITLE Irene Ingram NAME 302 Manatee Avenue East, STREET ADDRESS Suite 303 Bradenton, FL 34208 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VPD NAME THOMPSON, STEPHEN A STREET ADDRESS 2002 MARTIN LUTHER KING JR AVE CITY - ST - ZIP BRADENTON, FL 34208 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE STD NAME INGRAM, IRENE STREET ADDRESS 2002 MARTIN LUTHER KING JR AVE CITY - ST - ZIP BRADENTON, FL 34208 | <input checked="" type="checkbox"/> Delete | | TITLE Treas NAME Carolyn Griffin STREET ADDRESS 302 Manatee Avenue East, CITY - ST - ZIP Suite 303 Bradenton, FL 34208 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE 10 NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE Sec. NAME Edward Bailey STREET ADDRESS 302 Manatee Avenue East, CITY - ST - ZIP Suite 303 Bradenton, FL 34208 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME Alison Hewitt STREET ADDRESS Executive Director CITY - ST - ZIP 302 Manatee Avenue East, Suite 303 Bradenton, FL 34208 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Alison Hewitt</i> | | | 4/30/08 | | 941-744-2984 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |