2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011351

FILED Apr 08, 2009 Secretary of State

Entity Name: THE EASTERN HILLSBOROUGH COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

ouncile i	Current Principal Place of Business:			New Principal Place of Business:		
330 PAULS SUITE 100 BRANDON		301				
Current Mailing Address:			New Mailing	New Mailing Address:		
330 PAULS SUITE 100 BRANDON		301				
FEI Number:	26-3251520	FEI Number Applied For()	FEI Number Not Applic	able () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:		
330 PAULS SUITE 100 BRANDON The above	ا, FL 33511 named entity	JS	urpose of changing its	registered office or registered agent, or both,		
	of Florida.					
SIGNATUF		nic Signature of Registered Age	nt	 Date		
OFFICERS	S AND DIREC			CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	•	•	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP/D (SIMPSON, LAI 330 PAULS DE BRANDON, FL	R., STE. 100	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	S/D (X PIERCE, RON 330 PAULS DE BRANDON, FL	R., STE. 100	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T/D (SULLIVAN, JO 330 PAULS DE BRANDON, FL	R., STE. 100	Name: Address:	S/T (X) Change () Addition SULLIVAN, JOHN 330 PAULS DR., STE. 100 BRANDON, FL 335114801		
Title: Name: Address: City-St-Zip:	D (X DENHAM, ALA 330 PAULS DE BRANDON, FL	R., STE. 100	Title: Name: Address: City-St-Zip:	()Change ()Addition		
	C/D ()	() Delete EFF	Title: Name:	() Change () Addition		

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: TAMMY C BRACEWELL P 04/08/2009