# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2008**
**Secretary of State**

DOCUMENT# N13882

**Entity Name:** CENTRAL FLORIDA DEVELOPMENT COUNCIL, INC.

**Current Principal Place of Business:**

600 N BROADWAY
SUITE 300
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 N BROADWAY
SUITE 300
BARTOW, FL 33830 US

**New Mailing Address:**

**FEI Number: 59-2681696** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, FREDERICK J JR
245 S. CENTRAL AVE
BARTOW, FL 33830 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: | PD | ( ) Delete |
| Name: | BERRYMAN, HUNT | |
| Address: | 3328 RIDGE FIELD DRIVE | |
| City-St-Zip: | LAKELAND, FL 33803 | |
| Title: | SD | ( ) Delete |
| Name: | LITTLETON, GREGORY | |
| Address: | 2 EAST WALL STREET | |
| City-St-Zip: | FROSTPROOF, FL 33843 | |
| Title: | TD | ( ) Delete |
| Name: | MILLER, GERALD | |
| Address: | 197 EAST MOUNTAIN LAKE CUTOFF RD | |
| City-St-Zip: | LAKE WALES, FL 33898 | |
| Title: | VD | ( ) Delete |
| Name: | LOVELACE, JOYCE | |
| Address: | 13 PINE FOREST CIRCLE | |
| City-St-Zip: | HAINES CITY, FL 33844 | |

**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: | |

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: TOM PATTON D 01/14/2008

Electronic Signature of Signing Officer or Director — Date