## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N13882

FILED Mar 25, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

600 N BROADWAY SUITE 300

BARTOW, FL 33830 US

Current Mailing Address: New Mailing Address:

600 N BROADWAY SUITE 300

BARTOW, FL 33830 US

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

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

MURPHY, FREDERICK J JR 245 S. CENTRAL AVE BARTOW, FL 33830 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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: BERRYMAN, HUNT Name: TOUCHTON, DAVID

Name: BERRYMAN, HUNT Name: TOUCHTON, DAVID
Address: 3328 RIDGE FIELD DRIVE Address: 811 EAST MAIN STREET
City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33802

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: LITTLETON, GREGORY Name: CORBETT, JOHN

Address: 2 EAST WALL STREET Address: 1101 FIRST STREET SOUTH
City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: WINTER HAVEN, FL 33880

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: MILLER, GERALD Name: CLARK, BETH

Address: 197 EAST MOUNTAIN LAKE CUTOFF RD Address: 755 PRAIRIE INDUSTRIAL PARKWAY

City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: MULBERRY, FL 33860

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: LOVELACE, JOYCE Name: MILLER, JERRY

Address: 13 PINE FOREST CIRCLE Address: 197 EAST MOUNTAIN LAKE CUT OFF ROAD

City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: LAKE WALES, FL 33898

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 03/25/2009