2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44969

FILED Jan 12, 2009 Secretary of State

Entity Name: WEST FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

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

2944 PENN AVE SUITE E MARIANNA, FL 32448

Current Mailing Address: New Mailing Address:

2944 PENN AVE SUITE E MARIANNA, FL 32448

FEI Number: 59-3151103 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:

LEWIS, CLARENCE 2140 W. JEFFERSON ST. QUINCY, FL 32351 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:

itle: V () Delete Title: D (X) Change () Addition

 Name:
 SIMS, CHUCK
 Name:
 FORD, CAROLYN

 Address:
 2898 GREENS TREET
 Address:
 P.O. BOX 560

 City-St-Zip:
 MARIANNA, FL 32446
 City-St-Zip:
 GRETNA, FL 32332

Title: PD () Delete Title: () Change () Addition

 Name:
 LEWIS, CLARENCE
 Name:

 Address:
 2140 W. JEFFERSON ST.
 Address:

 City-St-Zip:
 QUINCY, FL 32351
 City-St-Zip:

Title: D () Delete Title: SD (X) Change () Addition

 Name:
 YON, GEORGE
 Name:
 YON, GEORGE

 Address:
 RTE 2 BOX 512
 Address:
 RTE 2 BOX 512

City-St-Zip: GRAND RIDGE, FL 32442 City-St-Zip: GRAND RIDGE, FL 32442

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

 Name:
 FORD, CAROLYN
 Name:

 Address:
 P.O. BOX 560
 Address:

 City-St-Zip:
 GRETNA, FL 32332
 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: GEORGE YON SD 01/12/2009