

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N93000000732

Entity Name: ENTERPRISE FLORIDA, INC.

Current Principal Place of Business:

800 N MAGNOLIA AVE
SUITE 1100
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

800 N MAGNOLIA AVE
SUITE 1100
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3165226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PAMELA
800 N MAGNOLIA AVE
SUITE 1100
ORLANDO, FL 32803 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: P () Delete
Name: ADAMS, JOHN A
Address: 800 N MAGNOLIA AVE SUITE 1100
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: STORY, SUSAN
Address: ONE ENERGY PLACE
City-St-Zip: PENSACOLA, FL 32520 US

Title: C () Delete
Name: CRIST, CHARLIE
Address: PL-05 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 32399

Title: V () Delete
Name: LAUBSCHER, LOUIS
Address: 800 N MAGNOLIA AVE SUITE 1100
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: KUNTZ, THOMAS
Address: 200 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: MURPHY, PAMELA
Address: 800 N MAGNOLIA AVE SUITE 1100
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BENSE, ALLAN
Address: 1401 W. BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401 US

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: PAMELA MURPHY

T

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date