

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002178

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE ECONOMIC DEVELOPMENT COUNCIL OF TALLAHASSEE/LEON COUNTY, INC.

Current Principal Place of Business:

100 N. DUVAL ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 1639
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3374108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICK, SUZANNE M
100 N. DUVAL ST.
TALLAHASSEE, FL 32302 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: D () Delete
Name: RAMSAY, DAVID B
Address: 3522 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: PS () Delete
Name: DICK, SUZANNE M
Address: 100 N. DUVAL ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ALAM, PARWEZ
Address: 301 S. MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: FAVORS, ANITA
Address: 300 S. ADAMS ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT () Delete
Name: TRANSOU, TRIPP
Address: 3420 W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: C () Delete
Name: MURRAY, EDWARD
Address: 1018 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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:

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 for the exemption stated in Section 119.07(3)(i), 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: SUZANNE M. DICK

DS

04/25/2005

Electronic Signature of Signing Officer or Director

Date