2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N97000003359

Entity Name: NORTH SANTA ROSA - ESCAMBIA COUNTY DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

3425 HWY 4
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

P.O BOX 428
JAY, FL 32565

New Mailing Address:

FEI Number: 59-3485319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, CLAY R
3305 W. WHITLEY LANE
MILTON, FL 32565 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:	CAMPBELL, CLAY R	
Address:	3305 W. WHITNEY LANE	
City-St-Zip:	MILTON, FL 32571	
Title:	V	( ) Delete
Name:	DIGMON, MIKE	
Address:	141 SIGLER RD	
City-St-Zip:	MCDAVID, FL 32568	
Title:	ST	( ) Delete
Name:	BRAY, THEDA	
Address:	201 BOOKER LANE	
City-St-Zip:	JAY, FL 32565	
Title:	D	( ) Delete
Name:	HAMMOND, EVELYN	
Address:	7730 ARCHIE STREET	
City-St-Zip:	CENTURY, FL 32535	
Title:	D	( ) Delete
Name:	IVEY, MAXINE	
Address:	210 MILDRED STREET	
City-St-Zip:	JAY, FL 32565	
Title:	D	( ) Delete
Name:	MCCALL, MARGIE	
Address:	330 MCCALL ROAD	
City-St-Zip:	CENTURY, FL 32535	

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 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: CLAY R. CAMPBELL P 04/30/2009
Electronic Signature of Signing Officer or Director — Date