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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

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1. Corporation Name

BOOKER-TURNER ECONOMIC DEVELOPMENT INC.

Principal Place of Business

Mailing Address

141 RIVER DRIVE  
E PALATKA FL 32131

141 RIVER DRIVE  
E PALATKA FL 32131



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

☒ Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYLES, MEVLYN  
702 N 19TH ST  
PALATKA FL 32177

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BURCH, ROBERT  
STREET ADDRESS P O BOX 1102 N/A  
CITY-ST-ZIP E PALATKA FL 32131-1102

1.1 TITLE Chairman ☒ Change ☐ Addition

1.2 NAME Robert Burch  
1.3 STREET ADDRESS 141 River Drive  
1.4 CITY-ST-ZIP East Palatka, FL 32131

TITLE D ☐ DELETE

NAME RYLES, MEVLYN  
STREET ADDRESS P O BOX 490 N/A  
CITY-ST-ZIP PALATKA FL 32178-0490

2.1 TITLE MEVLYN RYLES ☒ Change ☐ Addition

2.2 NAME 702 N. 19 ST.  
2.3 STREET ADDRESS Palatka, FL 32177

TITLE D ☐ DELETE

NAME HEARD, MARY  
STREET ADDRESS 810 CARR ST  
CITY-ST-ZIP PALATKA FL 32177

3.1 TITLE MARY HEARD ☒ Change ☐ Addition

3.2 NAME 810 Carr St.  
3.3 STREET ADDRESS Palatka, FL 32177

TITLE D ☐ DELETE

NAME FELS, RENO  
STREET ADDRESS 607 MOODY RD APT #25D  
CITY-ST-ZIP PALATKA FL 32178

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LAVAIN, ALVIN  
STREET ADDRESS 622 N 6TH ST  
CITY-ST-ZIP PALATKA FL 32177

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME NORWOOD, JAMES  
STREET ADDRESS 803 N 19TH ST  
CITY-ST-ZIP PALATKA FL 32177

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT BURCH REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

904-312-4838

Daytime Phone #

CR2E037 (11/98)