

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90006 045 ****61.25

DOCUMENT # N99000007450

1. Entity Name
SOUTHEASTERN REGIONAL RELOCATION COUNCIL, INC.



Principal Place of Business
**8131 VINELAND AVE
 PMB 312
 ORLANDO, FL 32821**

Mailing Address
**8131 VINELAND AVE
 PMB 312
 ORLANDO, FL 32821**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01252006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
59-3616323

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEENE, RICHARD C ATT.
 800-C 3RD. STREET
 NEPTUNE BEACH, FL 32266**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YERGER, SHERRY 1675 BUENA VISTA DR. SUITE 325 ORLANDO, FL 328301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIX, JIM 4101-1 BULLS BAY HWY JACKSONVILLE, FL 32219	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSBORNE, JANE 2400 YORKMONT RD CHARLOTTE, NC 28217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, SHERRY 6180 GREENBOOK CIR AUSTELL, GA 30168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLESS, LINDA 7575 HUNTINGTON PARK DR (HM1125) COLUMBUS, OH 43235	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jim Dix 7023 Cisco Gardens Rd W Jacksonville FL 32219	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rob Kreiling 5909 32nd St East Ellenton FL 34222	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donna Caldwell 5753 Lake Melrose Dr Orlando FL 32829	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Linda Lawless 175 E Kelso Rd Columbus OH 43202	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Ross 6180 Greenbrook Cir Austell GA 30168	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: *Sherry Ross Treasurer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-05 770-745-5112
 Date Daytime Phone #