

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # N11015 (7)

1. Corporation Name THE ECONOMIC DEVELOPMENT COUNCIL OF CHATTAHOOCHEE E, INC.

Principal Place of Business Mailing Address
119 W. WASHINGTON ST. 119 W. WASHINGTON ST.
P.O. BOX 752 P.O. BOX 752
CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1985	3a. Date of Last Report 07/12/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent PARSONS, STEWART E. 119 W. WASHINGTON ST. CHATTAHOOCHEE FL 32324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEVE	12 NAME	
STREET ADDRESS	P. O. BOX 463 N/A	13 STREET ADDRESS	
CITY - ST - ZIP	MARIANNA FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILL I.	22 NAME	
STREET ADDRESS	620 MORGAN AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	CHATTAHOOCHEE FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, JOSEPH T.	32 NAME	
STREET ADDRESS	33 W. WASHINGTON ST.	33 STREET ADDRESS	
CITY - ST - ZIP	CHATTAHOOCHEE FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELZER, JAMES F.	42 NAME	
STREET ADDRESS	691 SATSUMA RD.	43 STREET ADDRESS	
CITY - ST - ZIP	CHATTAHOOCHEE FL	44 CITY - ST - ZIP	
TITLE	SD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, STEWART E.	52 NAME	
STREET ADDRESS	112 CHERRY LANE	53 STREET ADDRESS	
CITY - ST - ZIP	CHATTAHOOCHEE FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 I am a director, or on an attachment with an address.

SIGNATURE: *Steve Miller* _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (3/95)