See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492037007603

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 , and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CENTRAL FLORIDA DEVELOPMENT COUNCIL INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2701 LAKE MYRTLE PARK ROAD

City or town, state or country, and ZIP + 4
AUBURNDALE, FL 33823

D Employer identification number
59-2681696

E Telephone number
(863) 551-4760

F Group Exemption Number ▶

G Accounting method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW CFDC ORG

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 123,353

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	103,308
	2	Program service revenue including government fees and contracts	2	19,385
	3	Membership dues and assessments	3	
	4	Investment income	4	60
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	600
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,353
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,775
	14	Occupancy, rent, utilities, and maintenance	14	4,685
	15	Printing, publications, postage, and shipping	15	3,300
	16	Other expenses (describe in Schedule O)	16	80,775
	17	**Total expenses.** Add lines 10 through 16	17	93,535
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,818
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	147,649
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	177,467

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	143,769	22	174,012
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,880	24	3,455
25 **Total assets**	147,649	25	177,467
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	147,649	27	177,467

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
PROMOTE POLK COUNTY FOR BUSINESS AND TOURISM OPPORTUNITIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TOURISM ACTIVITIES- PROMOTION OF EDUCATION AND TRAINING OPPORTUNITIES IN CONJUNCTION WITH THE POLK COUNTY TOURISM INDUSTRY CONDUCTED MEETINGS & CONFERENCES IN FURTHERENCE OF THESE OBJECTIVES (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	89,965
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31 Other program services (describe in Schedule O) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	89,965

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a **Form 990-T** for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III . .	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ GLENDA PRIMEAU Telephone no ▶ (863) 534-4370			
	Located at ▶ 2701 LAKE MYRTLE PARK ROAD AUBURNDALE, FL ZIP + 4 ▶ 33823			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43			
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	**47**		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**48**		
49a Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		
b If "Yes," was the related organization a section 527 organization?	**49b**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

f Total number of other employees paid over $100,000 . . . . . ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation

d Total number of other independent contractors each receiving over $100,000 . . . . . ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** Signature of officer	2013-01-17 Date
JERRY MILLER DIRECTOR Type or print name and title	

Paid Preparer's Use Only

Preparer's signature ROGER A INGLEY	Date 2013-02-06	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: BUNTING TRIPP & INGLEY LLP, 230 EAST TILLMAN AVENUE, LAKE WALES, FL 338533714			EIN ▶
			Phone no ▶ (863) 676-7981

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ **Yes** ☐ **No**

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492037007603

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL FLORIDA DEVELOPMENT COUNCIL INC

Employer identification number
59-2681696

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	HOSPITALITY 600 TOTAL 600
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	ANNUAL MEETING SPONSOR FOAM BOARDS 411 AWARDS 435 BAND 3,883 DINNER 7,229 GIFTS 576 EXPENSES HOSPITALITY 836 OFFICE 255 STAFF SUPPORT 12,800 CHAMBER MEETINGS 2,295 CONFERENCE EXPENSE 500 STAFF MEETING EXPENSE 4,427 INSURANCE 1,368 BANK CHARGES 8 CONSULTANT ORGANIZATION R 27,223 CREDIT CARD FEES 1,233 DEMOGRAPHIC RESEARCH 6,000 DUES 204 EPC 100 EXPENDITURES 5,994 ANNUAL REPORT 61 OTHER COSTS 250 POLK COUNTY DAYS 545 POLK VISION 3,750 PRESIDENT'S CIRCLE EVENT 492 TOTAL 80,775
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	EQUIPMENT 24,810 24,810 LESS ACCUMULATED DEPRECIATION 24,810 24,810 UNDEPOSITED FUNDS 3,880 3,455 TOTAL 3,880 3,455
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	TOURISM ACTIVITIES- PROMOTION OF EDUCATION AND TRAINING OPPORTUNITIES IN CONJUNCTION WITH THE POLK COUNTY TOURISM INDUSTRY CONDUCTED MEETINGS & CONFERENCES IN FURTHERENCE OF THESE OBJECTIVES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492037007603

TY 2011 Compensation Explanation

Name: CENTRAL FLORIDA DEVELOPMENT COUNCIL INC

EIN: 59-2681696

Person Name	Explanation
HUNT BERRYMAN	
BETH CLARK	
DAVID TOUCHTON	
GERALD MILLER	
CYNDI JANTOMASSO	
BILL DORMAN	
CINDY PRICE	
THERESA COLLINS	
EILEEN HOLDEN	
GREG RUTHVEN	
WAYNE WATTERS	
WALT ENGLE	
ART ERICKSON	
KATHY PRINCE	
KEVIN KITTO	
SHERRIE NICKELL	
ELIN OAK	
GENE ENGLE	
BILL LOFTIN	
RON MORROW	
F JOHN MURPHY	
ERNIE PINNER	
JACK PINES	
PAUL SENFT	
THERON STANGRY	
DICK TILL	
REX YENTES	
RONNIE SPEARS	
BRIAN YATES	
NELSON KIRKLAND	
JAMES CLEMENTS	
IGNACIO MORRELL	
LINDA CULPEPPER	
BRIAN HINTON	
FRED REILLY	
TRUDY BLOCK	
DEBBIE HARSH	
ROBIN GOLDEN	
PRISCILLA PERRY	
CINDY RODRIGUEZ	
MELONY BELL	
LEONARD MASS	
BETH EVANS	
KAY HUTZELMAN	
VALERIE WAY	
DOUG DRIGGERS	
JACK BRANDON	
MIKE MORROW	
DAN SWING	
MIKE MARINO	
JEROME FERSON	
ALICE HUNT	
NICOLE ERICKSON	
CHUCK BRADLEY	
AL DORSETT	
HAROLD GALLUP	
STACY DOMINECK	
CHRIS COLLANY	
HOWARD KING	
DAVID ELLSWORTH	
GREG LITTLETON	
BOB LYNCH	
STEVE CALLAHAM	
STELLA HEATH	
MARLENE WAGNER	
GARY RALSTON	
INGRAM LEEDY	
DAVID PETR	

Additional Data

Software ID:
Software Version:
EIN: 59-2681696
Name: CENTRAL FLORIDA DEVELOPMENT COUNCIL INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
HUNT BERRYMAN 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	V PRES 2 00	0		
BETH CLARK 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	TREASURER 2 00	0		
DAVID TOUCHTON 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	P PRES 2 00	0		
GERALD MILLER 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	PRESIDENT 10 00	0		
CYNDI JANTOMASSO 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
BILL DORMAN 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	V PRES 2 00	0		
CINDY PRICE 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	SECRETARY 2 00	0		
THERESA COLLINS 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
EILEEN HOLDEN 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	V PRES 2 00	0		
GREG RUTHVEN 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
WAYNE WATTERS 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	V PRES 2 00	0		
WALT ENGLE 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	V PRES 2 00	0		
ART ERICKSON 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	V PRES 2 00	0		
KATHY PRINCE 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
KEVIN KITTO 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GREG LITTLETON 222 STATE RD 60 EAST LAKE WALES,FL 33853	DIRECTOR 2 00	0		
BOB LYNCH 2701 LAKE MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
STEVE CALLAHAM 2701 LAKE MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
STELLA HEATH 2701 LAKE MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
MARLENE WAGNER 100 SMITH AVE LAKE HAMILTON,FL 33851	DIRECTOR 2 00	0		
GARY RALSTON 2701 LAKE MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
INGRAM LEEDY 2701 LAKE MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
DAVID PETR 2701 LAKE MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DOUG DRIGGERS 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
JACK BRANDON 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
MIKE MORROW 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
DAN SWING 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
MIKE MARINO 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
JEROME FERSON 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
ALICE HUNT 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
NICOLE ERICKSON 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
CHUCK BRADLEY 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
AL DORSETT 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
HAROLD GALLUP 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
STACY DOMINECK 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
CHRIS COLLANY 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
HOWARD KING 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
DAVID ELLSWORTH 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES CLEMENTS 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
IGNACIO MORRELL 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
LINDA CULPEPPER 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
BRIAN HINTON 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
FRED REILLY 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
TRUDY BLOCK 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
DEBBIE HARSH 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
ROBIN GOLDEN 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
PRISCILLA PERRY 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
CINDY RODRIGUEZ 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
MELONY BELL 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
LEONARD MASS 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
BETH EVANS 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
KAY HUTZELMAN 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
VALERIE WAY 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SHERRIE NICKELL 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
ELIN OAK 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
GENE ENGLE 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
BILL LOFTIN 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
RON MORROW 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
F JOHN MURPHY 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
ERNIE PINNER 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
JACK PINES 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
PAUL SENFT 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
THERON STANGRY 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
DICK TILL 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
REX YENTES 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
RONNIE SPEARS 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
BRIAN YATES 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		
NELSON KIRKLAND 2701 LK MYRTLE PARK RD AUBURNDALE,FL 33823	DIRECTOR 2 00	0		