

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9: 37

DOCUMENT # 771141 (9)

1. Corporation Name

COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON COUNTY, INC.

Principal Place of Business

420 W. WASHINGTON ST.
MONTICELLO FL 32344

Mailing Address

420 W. WASHINGTON ST.
MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1983** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2361979** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BIRD, T. BUCKINGHAM
220 S CHERRY ST
P O BOX 247
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	CICHON, RON
STREET ADDRESS	100 W. DOGWOOD ST.
CITY- ST- ZIP	MONTICELLO FL
TITLE	VD
NAME	HOUSTON, GRANT
STREET ADDRESS	1240 N JEFFERSON
CITY- ST- ZIP	MONTICELLO FL
TITLE	STD
NAME	BROWN, CLIFFORD
STREET ADDRESS	640 YORK ST.
CITY- ST- ZIP	MONTICELLO FL
TITLE	PD
NAME	STONE, HAROLD
STREET ADDRESS	200 E WASHINGTON
CITY- ST- ZIP	MONTICELLO FL
TITLE	T
NAME	DUNN, EUGENIA
STREET ADDRESS	1242 N JEFFERSON
CITY- ST- ZIP	MONTICELLO FL
TITLE	S
NAME	WHITSON, RUBY S.
STREET ADDRESS	420 W WASHINGTON
CITY- ST- ZIP	MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill Gunnela
2.3 STREET ADDRESS	800 S. Jefferson St.
2.4 CITY- ST- ZIP	Monticello, FL
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BLOW, FRANK
3.3 STREET ADDRESS	275 W. High St.
3.4 CITY- ST- ZIP	Monticello, FL
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STONE, Harold
4.3 STREET ADDRESS	200 E. Washington
4.4 CITY- ST- ZIP	Monticello, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(a), 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.

SIGNATURE: *Eugenia Dunn*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/95

Date

904/997-2013

Telephone #