


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified <b>11/08/1983</b>		
4. FEI Number <b>59-2361979</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>CARLA WHEELER</b>	2a. Mailing Address 26 <b>CARLA WHEELER</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BIRD, T. BUCKINGHAM**  
**220 S CHERRY ST**  
**P O BOX 247**  
**MONTICELLO FL 32344-32346**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CICHON, RON</b>	1.2 NAME	<i>Gerry Boatwright</i>
STREET ADDRESS	<b>100 W. DOGWOOD ST.</b>	1.3 STREET ADDRESS	<i>420 W. Washington St.</i>
CITY-ST-ZIP	<b>MONTICELLO FL</b>	1.4 CITY-ST-ZIP	<i>Monticello, FL 32344</i>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUNNELS, BILL</b>	2.2 NAME	<i>Carl Hanks</i>
STREET ADDRESS	<b>800 S JEFFERSON ST</b>	2.3 STREET ADDRESS	<i>} above</i>
CITY-ST-ZIP	<b>MONTICELLO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLOW, FRANK</b>	3.2 NAME	<i>Eleanor Hawkins</i>
STREET ADDRESS	<b>275 W HIGH ST</b>	3.3 STREET ADDRESS	<i>} above</i>
CITY-ST-ZIP	<b>MONTICELLO FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUNN, EUGENIA</b>	4.2 NAME	<i>Treas. Kay Beaty</i>
STREET ADDRESS	<b>1242 N JEFFERSON</b>	4.3 STREET ADDRESS	<i>} above</i>
CITY-ST-ZIP	<b>MONTICELLO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVELAND, JOY K</b>	5.2 NAME	<i>Director w.w. gunnels, jr</i>
STREET ADDRESS	<b>420 W WASHINGTON</b>	5.3 STREET ADDRESS	<i>} above</i>
CITY-ST-ZIP	<b>MONTICELLO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>Director Eugenia P. Dunn</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>} above</i>
CITY-ST-ZIP		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)(f), 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: *Carla Wheeler* **REQUIR** *V.P.* **01/06/97** **850-997-5552**

CR2E037 (10/97)