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Secretary of State

03-10-1999 90070 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 771141 1. Corporation Name COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON COUNTY, INC.		
Principal Place of Business WHEELER-CARLA MARY Frances Kerr 420 W. WASHINGTON ST. MONTICELLO FL 32344 US	Mailing Address WHEELER-CARLA MARY Frances Kerr 420 W. WASHINGTON ST. MONTICELLO FL 32344 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/08/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2361979
22	27	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	24
25	29	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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CICHON, RON		1.2 NAME Mike Richmond	
STREET ADDRESS 100 W. DOGWOOD ST.		1.3 STREET ADDRESS 390 N. Jefferson St.	
CITY-ST-ZIP MONTICELLO FL		1.4 CITY-ST-ZIP Monticello, Fl. 32344	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUNNELS, BILL		2.2 NAME Boatwright, Jerry	
STREET ADDRESS 800 S JEFFERSON ST		2.3 STREET ADDRESS 200 E. Washington St.	
CITY-ST-ZIP MONTICELLO FL		2.4 CITY-ST-ZIP Monticello, Fl. 32344	
TITLE President	<input type="checkbox"/> DELETE	3.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOW, FRANK		3.2 NAME Blow, Frank	
STREET ADDRESS 275 W HIGH ST		3.3 STREET ADDRESS Rt 2, Box 121 J	
CITY-ST-ZIP MONTICELLO FL		3.4 CITY-ST-ZIP Monticello, Fl. 32344	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNN, EUGENIA		4.2 NAME EUGENIA Dunn	
STREET ADDRESS 1242 N JEFFERSON		4.3 STREET ADDRESS 1242 N. Jefferson	
CITY-ST-ZIP MONTICELLO FL		4.4 CITY-ST-ZIP Monticello, Fl. 32344	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVELAND, JOY K		5.2 NAME Hawkins, Eleanor	
STREET ADDRESS 420 W WASHINGTON		5.3 STREET ADDRESS P.O. Box 507	
CITY-ST-ZIP MONTICELLO FL		5.4 CITY-ST-ZIP Monticello, Fl. 32345	
TITLE P.P.	<input type="checkbox"/> DELETE	6.1 TITLE Executive vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOATWRIGHT, JERRY		6.2 NAME MARY FRANCES KERR	
STREET ADDRESS 420 W. WASHINGTON ST.		6.3 STREET ADDRESS 420 W. WASHINGTON ST.	
CITY-ST-ZIP MONTICELLO FL 32344		6.4 CITY-ST-ZIP Monticello, Fl. 32344	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Mary Frances Kerr SIGNATURE REQUIRED: MARY FRANCES KERR Date: 2-18-99 Daytona Phone #: 850-997-5552

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