

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771141

1. Entity Name

COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON C

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90011 043 ****61.25

Principal Place of Business Mailing Address
WHEELER, CARLA
420 W. WASHINGTON ST.
MONTICELLO FL 32344
US

WHEELER, CARLA
420 W. WASHINGTON ST.
MONTICELLO FL 32344-1446
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **MARY FRANCES KERR**
 Suite, Apt. #, etc.

3. Mailing Address **MARY FRANCES KERR**
 Suite, Apt. #, etc.

City & State

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

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
BIRD, T. BUCKINGHAM
220 S CHERRY ST
P O BOX 247
MONTICELLO FL 32344

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RIECHMAN, MIKE	
STREET ADDRESS	380 N. JEFFERSON ST	
CITY-ST-ZIP	MONTICELLO FL 32544	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOATWRIGHT, JERRY	
STREET ADDRESS	200 E. WASHINGTON ST.	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLOW, FRANK	
STREET ADDRESS	RT 2 BOX 121 J	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, EUGENIA	
STREET ADDRESS	1242 N JEFFERSON	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAWKINS, ELEANOR	
STREET ADDRESS	PO BOX 507	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNNELS, BILL	
STREET ADDRESS	800 S. JEFFERSON	
CITY-ST-ZIP	MONTICELLO FL 32344	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buddy Westbrook	
STREET ADDRESS	1655 So. Jefferson St	
CITY-ST-ZIP	Monticello, Fl. 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE Boatwright	
STREET ADDRESS	00 Washington St.	
CITY-ST-ZIP	Monticello, Fl. 32344	
TITLE	MVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY FRANCES KERR	
STREET ADDRESS	685 N Jefferson	
CITY-ST-ZIP	Monticello, Fl. 32344	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Frances Kerr **Executive Vice President** 3-30-00 450-997-5552
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)