

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

02-07-2007 90044 047 ****61.25



1st MOORE CR2E037 (10/06)

DOCUMENT # N06000001780		1. Entity Name	
JEFFERSON COUNTY CITIZENS FOR A SUSTAINABLE FUTURE, INC.			
Principal Place of Business		Mailing Address	
7500 SOUTH JEFFERSON STREET LAMONT FL 32336		7500 SOUTH JEFFERSON STREET LAMONT FL 32336	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4806 Gamble Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Monticello, Florida			
City & State		City & State	
32344			
Zip		Country	
JEFFERSON			
FEI Number		Applied For	
83-0448555		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDERSON, SUSAN 7500 SOUTH JEFFERSON STREET LAMONT FL 32336		Name Thomas S. LaMotte	
		Street Address (P.O. Box Number is Not Acceptable)	
		4806 Gamble Road	
		City Monticello FL Zip Code 32344	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Thomas S. LaMotte</u> <u>Treasurer</u> <u>Thomas S. LaMotte</u> <u>1/29/07</u>			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES	TITLE	PRES/D
NAME	ANDERSON, SUSAN	NAME	WILLIAMS, Fred
STREET ADDRESS	7500 SOUTH JEFFERSON STREET	STREET ADDRESS	725 RAINBOWS END ROAD
CITY- ST- ZIP	LAMONT FL 32336	CITY- ST- ZIP	MONTICELLO, FL., 32344
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	TRES/D
NAME	WILLIAMS, FRED	NAME	LAMOTTE, THOMAS S.
STREET ADDRESS	725 RAINBOWS END ROAD	STREET ADDRESS	4806 GAMBLE ROAD
CITY- ST- ZIP	MONTICELLO FL 32344	CITY- ST- ZIP	MONTICELLO, FL., 32344
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TRES	TITLE	SECR/D
NAME	LAMOTTE, THOMAS S	NAME	SBARCY, WAYNE
STREET ADDRESS	4806 GAMBLE ROAD	STREET ADDRESS	190 WHISPERING HILLS
CITY- ST- ZIP	MONTICELLO FL 32344	CITY- ST- ZIP	MONTICELLO, FL., 32344
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 who empowered.			
SIGNATURE: <u>Thomas S. LaMotte</u>		<u>1/29/07</u> <u>(850) 997-6575</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone 1	