


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90408 037 ****61.25

DOCUMENT # N07000010616			
1. Entity Name JEFFERSON COUNTY COMMUNITY DEVELOPMENT CORPORATION			
Principal Place of Business 435 EAST WASHINGTON STREET MONTICELLO, FL 32344		Mailing Address 435 EAST WASHINGTON STREET MONTICELLO, FL 32344	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 906	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MONTICELLO, FL	
Zip	Country	Zip	Country
		32345-0906	USA
6. Name and Address of Current Registered Agent CABAGNOT, ROCKY M ESQ. 2119 DELTA BOULEVARD TALLAHASSEE, FL 32303		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P BRENT BURTON
STREET ADDRESS		STREET ADDRESS	435 E. WASHINGTON STREET
CITY-ST-ZIP		CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP CETTA BARNHART
STREET ADDRESS		STREET ADDRESS	680 W. HALPIN ROAD
CITY-ST-ZIP		CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S/T WANDA E. CARTER
STREET ADDRESS		STREET ADDRESS	2663 FAIRMOUNT LN.
CITY-ST-ZIP		CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D BARBARA MARKIEWICZ
STREET ADDRESS		STREET ADDRESS	1031 RAINEY RUN
CITY-ST-ZIP		CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D GENE HALL
STREET ADDRESS		STREET ADDRESS	935 BRANCH STREET
CITY-ST-ZIP		CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.			
SIGNATURE: <u>Wanda E. Carter</u>		Date: <u>04/25/2008</u> 890-321-7280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	