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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001567 (5)**

1. Corporation Name

JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
4431 LAFAYETTE ST. MARIANNA FL 32446	4431 LAFAYETTE ST. MARIANNA FL 32446-3312

3. Date Incorporated or Qualified: 04/01/1995
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
21 4288 Lafayette Street
Suite, Apt. #, etc.
22 P.O. Box 920
City & State
23 Marianna, FL
Zip 24 32447 Country 25 USA

2a. Mailing Address
26 P.O. Box 920
Suite, Apt. #, etc.
27
City & State
28 Marianna, FL
Zip 29 32447 Country 30 USA

4. FEI Number: 59-3306144 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE ST.
MARIANNA FL 32446

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYANT, ELMORE P O BOX 1587 (N/A) MARIANNA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P PFORTE, ROBERT, P.O. Box 916 N/A ~~4288 Lafayette St.~~ Marianna, FL 32447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COFIELD, EVELYN 2864 MADISON ST MARIANNA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D COFIELD, EVELYN ~~4288 Lafayette St.~~ P.O. Box 516 N/A Marianna, FL 32447	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, LEON P O DRAWER 159 (N/A) SNEADS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/V KINCHEN, THOMAS ~~4288 Lafayette St.~~ P.O. Box 1301 N/A ~~Marianna, FL 32446~~ Graceville, FL 32440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, NORWOOD 1701-A S WAUKESHA ST BONIFAY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MILLER, STEVE 4425 Lafayette St., Marianna FL 32448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOWERS, ED 4487 LAFAYETTE ST MARIANNA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D GRANT, WAYNE 4490 River Rd., Marianna, FL 32446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, WENDELL P O BOX 130 (N/A) MARIANNA FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D CUTSHAW, MARK ~~4288 Lafayette St.~~ P.O. Box 40 N/A Marianna, FL 32447	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do 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 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. PLEASE SEE ATTACHED COMPLETE LIST OF DIRECTORS.

SIGNATURE: Evelyn Cofield Evelyn Cofield 2/17/97 (904) 526-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0010152