1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500001567

JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

Principal Place of Business 2840 JEFFERSON STREET PO BOX 920 MARIANNA FL 32448

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

PO BOX 920 MARIANNA FL 32447

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

## **FILED** May 12, 1999 8:00 am § Secretary of State

05-12-1999 90010 010 \*\*\*\*61.25

\* 5 4 6 7 9 2 \* 4 6 7 9 546792 - 90010 - 10



Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/01/1995

59-3306144

4. FEI Number

Zip	Country	Zip	Count	ıry	j	<ol><li>Election Ca</li></ol>	mpaign Financing		\$5.0	J May Be
24	25	29	30		ļ	Trust Fund	Contribution		Added	to Fees
•	9. Name and Address of Current	Registered Agent				10. Name and	Address of New I	Registered	Agent	
			8	31 N	Name			•		
BAKER, F	RANK A	•	8	12 S	Street Addres	s (P.O. Box Nur	nber is Not Accept	able)		
	AYETTE ST.			<b>~</b>   ~		(		,		
	A FL 32446		8	33			_			
THE WOOD OF THE PARTY OF THE PA	ATE OF TO		-	34 C	City				85 Zip	Code
			10	<b>*</b>	JILY .			FL	_  83  24	, 0000
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	uthorized b	y the	amed corpora corporation	ation submits thi is board of direct	s statement for the tors. I hereby acce	purpose o pt the appo	f changing i pintment as i	s registered registered
SIGNATURE	Signature, typed or printed name of registered agent a	ad title if applicable (NOTE:	Perintend A	ant ela	nature required w	hen reinstation)		DATE	<del></del>	<del></del>
12.	OFFICERS AND		13.	gent sig	Jilatoro roquiroc vi		CHANGES TO OF		ND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITLE	 E	V	'P	·		Change	
NAME	FUR. PAT		1.2 NAM	E	) '	-	TEHURST			
STREET ADDRESS			1.3 STRE	EET ADI	-		KORY LAN	F		
CITY-ST-ZIP	MARIANNA FL 32446		1.4 CITY	-ST-ZIF			FL 324			ſ
TITLE	D	☐ DELETE	2.1 TITLE				<del> </del>	40	Change	Addition
NAME	UNDERWOOD, MIKE		2.2 NAM	E	<b>I</b>	/T				^
STREET ADDRESS			2.3 STRE	EET ADI	nnree	D JOWER		0.0		l
CITY-ST-ZIP	GRACEVILLE FL 32440		2.4 CITY	 /-ST-ZI	10 I		OAK TRA			
TITLE	D	☐ DELETE	3.1 TITLE		l M		<del>, FL 324</del>	46	Change	Addition
NAME	ALTER, JOHN		3.2 NAM	E	P					
STREET ADDRESS			3.3 STRE	FFT ADI		CHUCK MO				1
CITY-ST-ZIP	BASCOM FL 32423-9122		3.4. CITY		/ <sub>1</sub>	384 ANG	GELA DRIV	E, MA	ARIANN	IA FL32
TITLE	Drive of the	☐ DELETE	4.1 TITLE		<u> </u>	)	_		Change	Addition
NAME			4, 2 NAV	<b>t</b> Ε	M	IARK CUT	SHAW			
STREET ADDRESS			4.3 STRE	EET AD!	DRESS 2	958 WYN	IN ST,			į
CITY-ST-ZIP			4.4 CITY	- ST- ZIE	<sub>P</sub> M	IARIANNA	, FL 324	46		
TITLE	,	☐ DELETE	5.1 TITLE		Ī				Change	Addition
NAME			5.2 NAM	E	Н	AROLD I	ONALDSON			j
STREET ADDRESS			5.3 STRE	EET ADI	<b>I</b>		KSHIRE R			İ
CITY-ST-ZIP			5.4 CITY	-ST-ZIF			FL 324			
TITLE		☐ DELETE	6.1 TTLE	Ę .	T.			<u></u>	Change	
NAME			6.2 NAM	Ε	1 2	•	HENDERS	ON		
STREET ADDRESS			6.3 STRE	EET ADO	1		HUNE CT			ļ
CITY-ST-ZIP			6.4 CITY	-ST-ZIF	_ ! _	COTTONDA	_	2/21		ļ
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemp	ption	stated in Sec	tion 119.07(3)(i	), Florida Statutes.	I further ce	rtify that the	information

indicated on this annual report or supplemental annual report is true and accurate and that may 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 change the properties an attachment with an address, with all other like empowered.

**SIGNATURE:** 

ATURE REPUBLICA

850-526-400S

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

OOCUMENT #	N9500000156	7

Corporation Name

JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

Principal Place of Business	Mailing Address	
2840 JEFFERSON STREET PO BOX 920 MARIANNA FL 32448 US	PO BOX 920 Marianna FL 32447 US	
Principal Place of Rusiness	2a Mailing Address	

546790-40010-10 N95000001567

PAGE TWO OF THREE



						1				
Principal Place of Busin	1953	2a. Mailing Address				3.	Date Incorporated or Qualifed			
		26			04/01/1995					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				FEI Number		Applied For	
		27				}	<b>59-3306144</b>		Not Applicable	
City & State		28	City & State			5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country 25	29	Zip Cou 30	intry	,	6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9 Name	and Address of Current F	egis	stered Agent		10. Name and Address of New Registered Agent					
				81	Name					
BAKER, FRANK A 4431 LAFAYETTE ST.				82	Street Addres	ss (P	O. Box Number is Not Accepta	ble)		
MARIANNA FL 32446	i			83						
				84	City			FL	85 Zip Code	

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						
	Signature, typed or printed name of registered agent and title if applicable		egistered Agent signature re			
-	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS //.	11 FOI GE	
ITLE		☐ DELETE	1.1 TITLE	D	Change	X Addition
AME	-		1.2 NAME	BILL MCQUAGGE		
TREET ADDRESS	the search of th		1.3 STREET ADDRESS	4425 LAFAYETTE ST		
ITY-ST-ZIP	N		1.4 CITY-ST-ZIP	MARIANNA, FL 32446		
ITLE		DELETE	2.1 TITLE	D	Change	(X) Addition
:AME	_		22 NAME	WILLIAM LONG		
TREET ADDRESS			2.3 STREET ADDRESS	4250 HOSPITAL DRIVE		
ITY-ST-ZIP	10		2.4 C/TY-ST-ZIP	MARIANNA FL 32446		
ITLE		DELETE	3.1 TITLE	PARLANNA, FL J2440	Change	X Addition
AME			3.2 NAME	D CHEAD WILLED		A
TREET ADDRESS	- Non- V		3.3 STREET ADDRESS	STEVE MILLER		
ITY-ST-ZIP			3.4. CITY-ST-ZIP	4588 OAKWOOD DRIVE		
GLE	<u> </u>	DELETE	4.1 TITLE	<u> </u>	Change	X Additio
.WE			4.2 NAME	ABBIE JEAN BURDESHAW	Change	My Addition
TREET ADDRESS		:	1			
			4.3 STREET ADDRESS	1038 7th AVENUE		
TY-ST-ZIP	<del></del>	Description -	4.4 CITY-ST-ZIP	GRACEVILLE FL 32440	·	·
'n.E		□ DELETE	5.1 TITLE	D	Change	X Addition
AME			5.2 NAME	WILLIAM S. RIMES		
TREET ADDRESS			5.3 STREET ADDRESS	3494 BUCKHORN DRIVE		
TY-ST-ZIP			5.4 CITY-ST-ZIP	CRESTVIEW FL 32536		
ITLE		☐ DELETE	8.1 TITLE	D	Change	X Addition
AME			5.2 NAME	GENE A BRITT		••
TREET ADDRESS			6.3 STREET ADDRESS			
TY-ST-ZIP			6.4 CITY-ST-ZIP	5000 WILMINGTON CT		
	·					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/1), 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.

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SIGNATURE REQUIRED

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  546792-90010-10 N9500001567

PAGE THREE OF THREE

## DOCUMENT # N9500001567

JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

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PC	40 JEFFERSON STREET D BOX 920 ARIANNA FL 32448	PO BOX 920 Marianna FL 3244: US	7									
21	Principal Place of Business	2a. Mailing Address		<del></del>		3.	Date Incorporated or Qualifed 04/01/1995					
	Stote, Apt. #, etc.	Suite, Apt. #, etc	3.			4.	FEI Number		Applied For			
2		27				<u>l</u>	59-3306144		Not Applicable			
23]	City & State	City & State				5.	Certifcate of Status Desired		3.75 Additional Fee Required			
24	Zip Country 25	Zíp 29	Co.	intry		6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
	9. Name and Address of Cu	rrent Registered Agent				10.	Name and Address of New Registered	Agen	·			
				81	Name		·					
4431 LAFAYETTE ST.		82	82 Street Address (P.O. Box Number is Not Acceptable)									
		83										
				84	City		Fl	85	Zip Code			

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SIGNATURE	Signature, typed or printed figme of registered agent and title if applicable. (NOTE:				
<del></del>	OFFICERS AND DIRECTORS	Registered Agent signature n	ADDITIONS/CHANGES TO DEFICE A	1 ;	e 1
TITLE	DELETE	1,1 TITLE	D	Change	Addition
ν <b>μ</b> °, ¡Ε		1,2 NAME	CHUCK LOCKEY		
*FREET ADDRESS		1.3 STREET ADDRESS	4374 RIVER FOREST RD		
DITY-ST-ZIP	· ·	1.4 CITY-ST-ZIP	MARIANNA, FL 32446		
FLE	DELETE	2.1 TΠLE	D	Change	[XAddition
√AME.	, `	2.2 NAME	ANNIE BRADWELL		
STREET ADDRESS		2.3 STREET ADDRESS	3921 SYLVANIA PLANTA	TION F	₹D
JiTY-ST-ZIP		2.4 CITY-ST-ZIP	GREENWOOD. FL 32443		
HILE		3.1 TITLE		☐ Change	Addition
AME	į.	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
IIILE	☐ DELETE	4.1 TITLE		☐ Change	Addition
MAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
FIFLE	☐ DELETE	5.1 TITLE		Change	[]] Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
HY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME	1	6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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