2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N95000001567

Entity Name: JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

2840 JEFFERSON STREET
PO BOX 920
MARIANNA, FL 32448 US

New Principal Place of Business:

2840 JEFFERSON STREET
MARIANNA, FL 32448 US

Current Mailing Address:

PO BOX 920
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-3306144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, FRANK A
4431 LAFAYETTE ST.
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HENDERSON, RILEY J REVER
Address: 4490 JACKSON ROAD
City-St-Zip: COTTONDALEQ, FL 32431

Title: VP ( ) Delete
Name: YOUNG, RUSSELL
Address: 2284 BERETTA LANE
City-St-Zip: COTTONDALE, FL 32431

Title: D ( ) Delete
Name: BRITT, GENE
Address: 5000 WILMINGTON COURT
City-St-Zip: CAMPBELLTON, FL 32426

Title: D ( ) Delete
Name: SMITH, WILLIE
Address: P.O. BOX 25
City-St-Zip: MALONE, FL 32445

Title: D ( ) Delete
Name: CLARK, IRA
Address: 5900 HARTSFIELD ROAD
City-St-Zip: GREENWOOD, FL 32443

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HENDERSON, RILEY J REV
Address: 4490 JACKSON ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MERRITT, NORMA
Address: 2669 HIGHWAY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R STANTON, JR. ED 03/13/2009
Electronic Signature of Signing Officer or Director — Date