


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006885
1. Entity Name
**JEFFERSON COUNTY ECONOMIC DEVELOPMENT
COUNCIL, INC.**



Principal Place of Business 1475 S JEFFERSON ST MONTICELLO, FL 32344	Mailing Address 1475 S JEFFERSON ST MONTICELLO, FL 32344
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DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3616301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REICHMAN, MICHAEL A
380 N JEFFERSON ST
MONTICELLO, FL 32344**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000160390
05/14/04-80001-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOATWRIGHT, JERRY RT 1, BOX 111-D LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, RAY P O BOX 758 MONTICELLO, FL 32345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOW, FRANK RT 2, BOX 121-J MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, C P RT 1, BOX 43 MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, TRACEY P O BOX 338 MONTICELLO, FL 32345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jerry G. Boatwright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 -
5-1-04 997-2591
Date Daytime Phone #