


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006885

1. Entity Name
JEFFERSON COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.



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| Principal Place of Business 1475 S JEFFERSON ST MONTICELLO, FL 32344 | Mailing Address 1475 S JEFFERSON ST MONTICELLO, FL 32344 |
|--|--|



02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3616301 | Applied For 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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|---|---|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

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 | |

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 02/22/05-80047-010 61.25

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12. I 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 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 Boatwright Director* 2/21/05 850-997-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #