

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90087 017 ****61.25

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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

30013000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3616301

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
 CD BOATWRIGHT, JERRY
 STREET ADDRESS RT 1, BOX 111-D
 CITY-ST-ZIP LAMONT, FL 32336

TITLE NAME Change Addition
 D Morgan, Curtis, Jr.
 STREET ADDRESS 620 Boland Cemetery Rd
 CITY-ST-ZIP Lamont, FL 32336

TITLE NAME Delete
 D LANE, RAY
 STREET ADDRESS P O BOX 758
 CITY-ST-ZIP MONTICELLO, FL 32345

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 D BLOW, FRANK
 STREET ADDRESS RT 2, BOX 121-J
 CITY-ST-ZIP MONTICELLO, FL 32344

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 D MILLER, C P
 STREET ADDRESS RT 1, BOX 43
 CITY-ST-ZIP MONTICELLO, FL 32344

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 ST JACKSON, TRACEY
 STREET ADDRESS P O BOX 338
 CITY-ST-ZIP MONTICELLO, FL 32345

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry A Boatwright

Date

Daytime Phone #

4/17/06 850-997-2591