


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90125 043 ****61.25

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



02192007 No Chg-NP CR2E037 (4/06)

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
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 _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 287 Nash Rd. LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, CURTIS JR 620 BOLAND CEMETERY RD LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOW, FRANK RT 2, BOX 424 1685 Boston Highway MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, C P RT 1, BOX 43 1146 Curt's mill Rd. 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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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: *Jerry Boatwright*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07 850-997-6000
 Date Daytime Phone # ext 1024