


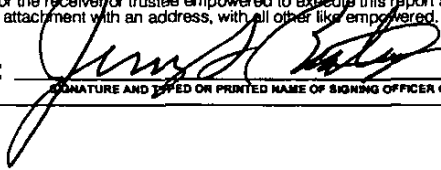
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

08-04-2008 90033 021 ****61.25

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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		
2. Principal Place of Business - No P.O. Box # 492 W. Walnut St. Suite, Apt. #, etc.		3. Mailing Address 492 W. Walnut St. Suite, Apt. #, etc.			
City & State Monticello FL		City & State Monticello FL		4. FEI Number 59-3616301	
Zip 32344		Country USA		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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOATWRIGHT, JERRY		NAME		
STREET ADDRESS	287 NASH RD		STREET ADDRESS		
CITY-ST-ZIP	LAMONT, FL 32336		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORGAN, CURTIS JR		NAME		
STREET ADDRESS	620 BOLAND CEMETERY RD		STREET ADDRESS		
CITY-ST-ZIP	LAMONT, FL 32336		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOW, FRANK		NAME		
STREET ADDRESS	1685 BOSTON HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, C P		NAME		
STREET ADDRESS	1146 CURTIS MILL RD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, TRACEY		NAME		
STREET ADDRESS	P O BOX 338		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32345		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 9-2-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		