

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004934

**Entity Name:** JACKSON COUNTY TRANSPORTATION, INC.

**Current Principal Place of Business:**

3988 OLD COTTONDALE ROAD  
MARIANNA, FL 32448

**Current Mailing Address:**

P.O. BOX 1117  
MARIANNA, FL 32446

**FEI Number: 59-3264135**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PEELER, SHARON  
3988 OLD COTTONDALE ROAD  
MARIANNA, FL 32448 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PFORTE, LINDA  
Address 2919 PENNSYLVANIA AVENUE  
City-State-Zip: MARIANNA FL 32448

Title D  
Name LONG, WILLIAM  
Address 3786 OLD US ROAD  
City-State-Zip: MARIANNA FL 32446

Title ST  
Name STEVENS, BILL  
Address 2525 SPRING CREEK ROAD  
City-State-Zip: MARIANNA FL 32448

Title D  
Name BOWERS, DELOIS  
Address 5571 BOOMERANG ROAD  
City-State-Zip: BASCOM FL 32423

Title VP  
Name HAMILTON, JOHN  
Address 3693 HIGHWAY 69  
City-State-Zip: GREENWOOD FL 32443

Title DIRECTOR  
Name JOHNSON, DAVID  
Address 2808 APPALACHEE TRAIL  
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR  
Name MELVIN, DAVID  
Address 4428 LAFAYETTE STREET  
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR  
Name DEAN, JIM  
Address 2898 GREEN STREET  
City-State-Zip: MARIANNA FL 32446

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LINDA PFORTE**

**PRESIDENT**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SWAILS, BILLY  
Address        P.O. BOX 1117  
City-State-Zip: MARIANNA, FL 32446