2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2014
Secretary of State
CC5155001122

DOCUMENT# N95000001567

Entity Name: JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

2840 JEFFERSON STREET
MARIANNA, FL 32448

Current Mailing Address:

PO BOX 920
MARIANNA, FL 32447 US

FEI Number: 59-3306144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, FRANK A
4431 LAFAYETTE ST.
MARIANNA, FL 32446 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	HENDERSON, REV. RILEY J
Address	4905 BLUE SKY WAY
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	LONG, EMMETT LJR.
Address	BOX 6087 FORT ROAD
City-State-Zip:	GREENWOOD FL 32443

Title	D
Name	CLARK, IRA
Address	5900 HARTSFIELD ROAD
City-State-Zip:	GREENWOOD FL 32443

Title	D
Name	ROBERTS, JOHN SR.
Address	ROBERTS ROBERTS & ROBERTS ATTORNEYS P O BOX 1544
City-State-Zip:	MARIANNA FL 32447

Title	D
Name	LOCKEY, CHUCK
Address	4374 RIVER FOREST ROAD
City-State-Zip:	MARIANNA FL 32446

Title	D
Name	SMITH, WILLIE
Address	P.O. BOX 25
City-State-Zip:	MALONE FL 32445

Title	VP
Name	MERRITT, NORMA
Address	2669 HIGHWAY 73 SOUTH
City-State-Zip:	MARIANNA FL 32448

Title	SEC/TREASURER
Name	ELMORE, JAMES
Address	P O BOX 465
City-State-Zip:	COTTONDALE FL 32431

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: REV. RILEY J HENDERSON PRESIDENT 02/26/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	BUTTS, CONNIE
Address	TOWN OF SNEADS P O DRAWER 159
City-State-Zip:	SNEADS FL 32460

Title	D
Name	FROH, JAMES DR.
Address	CHIPOLA COLLEGE 3094 INDIAN CIRCLE
City-State-Zip:	MARIANNA FL 32446