


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90084 014 ***150.00

DOCUMENT # 371705

1. Entity Name
RURAL DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
3612 JUNIPER RD **P.O. BOX 70**
QUINCY, FL 32351 **GREENSBORO, FL 32330-0070**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1366102- Not Applicable

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**

HALL, GLENDA
338 HOLMES BLVD
FORT WALTON BEACH, FL 32548

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, CLARK	NAME	
STREET ADDRESS	511 HOPKINS LANDING RD	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENN, ROSALYN	NAME	
STREET ADDRESS	1372 PROVIDENCE RD.	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, GLENDA F.	NAME	
STREET ADDRESS	338 HOLMES BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, J	NAME	
STREET ADDRESS	128 MATTHEW CLARK RD	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, PATRICIA	NAME	
STREET ADDRESS	3612 JUNIPER RD	STREET ADDRESS	250 Edwin Clark Rd.
CITY-ST-ZIP	QUINCY, FL 32351	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 607, 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: *Patricia F. Vice* *Patricia F. Vice* *2/14/06* *850 492 4041*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #