



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 371705 1. Entity Name RURAL DEVELOPMENT CORPORATION	
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Principal Place of Business 3612 JUNIPER RD QUINCY, FL 32351	Mailing Address P.O. BOX 70 GREENSBORO, FL 32330-0070
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1366102	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 HALL, GLENDA 338 HOLMES BLVD FORT WALTON BEACH, FL 32548	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, CLARK 511 HOPKINS LANDING RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENN, ROSALYN 1372 PROVIDENCE RD. QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, GLENDA F. 338 HOLMES BLVD FT. WALTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, J 128 MATTHEW CLARK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICE, PATRICIA F 250 EDWIN CLARK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/08-80047-021 150.00

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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 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: Glenda F. Hall 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **950 442 6434**
Date Daytime Phone #