

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90110 002 ***150.00



DOCUMENT # 371705
1. Entity Name
RURAL DEVELOPMENT CORPORATION

Principal Place of Business
**3612 JUNIPER RD
QUINCY FL 32351**

Mailing Address
**P.O. BOX 70
GREENSBORO FL 32330 - 0070**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 70
Suite, Apt. #, etc.

City & State
City & State

Zip
32330-0070

6. Name and Address of Current Registered Agent
HALL, GLENDA
~~328 HOLMES BLVD~~
~~QUINCY FL 32351-3254~~

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1366102**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
338 Holmes Blvd.
City **Ft. Walton Beach FL** Zip Code **32548**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK, FLETCHER	
STREET ADDRESS	511 HOPKINS LANDING RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FENN, ROSALYN	
STREET ADDRESS	1372 PROVIDENCE RD.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HALL, GLENDA F.	
STREET ADDRESS	338 HOLMES ST.	
CITY-ST-ZIP	FT. WALTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDGES, J	
STREET ADDRESS	128 MATTHEW CLARK RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICIA VICO	
STREET ADDRESS	5010 NW 36 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fletcher, Clark	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	338 Holmes Blvd	
CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice, Patricia Fletcher	
STREET ADDRESS	3612 Juniper Road	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Fletcher* **Patricia Fletcher** Director **1-3-02** **850 442 6214**
Date Daytime Phone #

CR2E034 (10/02)