

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716776

FILED
Mar 05, 2009
Secretary of State

Entity Name: JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION INC
420 WEST WASHINGTON STREET
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION INC
420 WEST WASHINGTON STREET
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-1808219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REICHMAN, MICHAEL A.
380 N. JEFFERSON
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: BEATY, LIZ
Address: 217 N MONROE
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: HANKS, CARL
Address: 420 WEST WASHINGTON
City-St-Zip: MONTICELLO, FL

Title: D () Delete
Name: BOATWRIGHT, JERRY
Address: 340 U. S. 90 E
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: WHITSON, RUBY
Address: 420 W WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

Title: PD () Delete
Name: DRAWDY, MARY FRANCES
Address: 420 W WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GRAMLING, MARY FRANCES
Address: 420 W WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LIZ BEATY

T

03/05/2009

Electronic Signature of Signing Officer or Director

Date