FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 FEB -8 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766887 (4)

1. Corporation Name
CRIMESTOPPERS OF JACKSON COUNTY, INCORPORATED

Principal Place of Business	Mailing Address
% JACKSON COUNTY SHERIFFS DEPT. P. O. BOX 171 MARIANNA FL 32447-0171 US	C/O JACKSON COUNTY SHERIFFS DEPT. P. O. BOX 171 MARIANNA FL 32447-0171 US

3. Date Incorporated or Qualified: 02/08/1983
3a. Date of Last Report: 03/13/1995
4. FEI Number: 59-2412235 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ANDREASEN, ARLAND
3519 CAVERNS RD.
EAST JACKSON STREET
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, LOUIS		1.2 NAME		
STREET ADDRESS	COLLEGE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MANOR, JOHN W.		2.2 NAME		
STREET ADDRESS	202 BALES DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUNKLE, BILL		3.2 NAME		
STREET ADDRESS	CLARKSVILLE HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LASSMANN, JEANETTE		4.2 NAME		
STREET ADDRESS	DOGWOOD HEIGHTS		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKAY, ROY		5.2 NAME		
STREET ADDRESS	906 S. ORANGE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANDREASEN, ARLAND		6.2 NAME		
STREET ADDRESS	AIR BASE HIGHWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W Manor 1/24/96 (904)526-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN W. MANOR, TREASURER/DIRECTOR