

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # 766887

(4)

1. Corporation Name

CRIMESTOPPERS OF JACKSON COUNTY, INCORPORATED

Principal Place of Business

Mailing Address

W 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
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ROBERTS, LOUIS
STREET ADDRESS COLLEGE ST.
CITY-ST-ZIP MARIANNA FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Mike Hutton
1.3 STREET ADDRESS 4442 Lafayette
1.4 CITY-ST-ZIP MARIANNA, FL.

TITLE TD ☒ DELETE
NAME MANOR, JOHN W.
STREET ADDRESS 202 BALES DRIVE
CITY-ST-ZIP MARIANNA FL

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME EDNA Smith
2.3 STREET ADDRESS 4181 Lafayette
2.4 CITY-ST-ZIP MARIANNA, FL.

TITLE D ☐ DELETE
NAME DUNKLE, BILL
STREET ADDRESS CLARKSVILLE HWY
CITY-ST-ZIP MARIANNA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME LASSMANN, JEANETTE
STREET ADDRESS DOGWOOD HEIGHTS
CITY-ST-ZIP MARIANNA FL

4.1 TITLE D. ☐ Change ☒ Addition
4.2 NAME JOHN Conbin
4.3 STREET ADDRESS 4475 Lafayette
4.4 CITY-ST-ZIP MARIANNA, FL.

TITLE D ☐ DELETE
NAME MCKAY, ROY
STREET ADDRESS 908 S. ORANGE STREET
CITY-ST-ZIP MARIANNA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ANDREASEN, ARLAND
STREET ADDRESS AIR BASE HIGHWAY
CITY-ST-ZIP MARIANNA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

4/30/97

CR2E037 (9/96)