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02-05-1999 90024 018 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766887**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/08/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2412235 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HATTON, MIKE		1.2 NAME	
STREET ADDRESS	4442 LAFAYETTE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, EDNA		2.2 NAME	
STREET ADDRESS	4181 LAFAYETTE		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	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CORBIN, JOHN		4. 2 NAME	
STREET ADDRESS	4475 LAFAYETTE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FAGAN, JOE		5.2 NAME	
STREET ADDRESS	2862 PENN AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446		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	

14. 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 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, with all other like empowered.

SIGNATURE: Edna Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Edna Smith) 1/13/99 Date 850-526-4192 Daytime Phone #

CR2E037 (11/98)