2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State
08-16-2000 90004 028 ****61.25

DOCUMENT # 766887

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2412235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: JOHN DEATON

Street Address (P.O. Box Number is Not Acceptable): 8110 HAWLEY STREET

City: SNEADS, FL. 32460 — **FL** — Zip Code

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.

SIGNATURE: X John W. Deaton (John Deaton) — August 08, 2000

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATTON, MIKE 4442 LAFAYETTE MARIANNA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Deaton 8110 Hawley Street Sneads, Fl. 32460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, EDNA 4181 LAFAYETTE MARIANNA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNKLE, BILL CLARKSVILLE HWY MARIANNA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORBIN, JOHN 4475 LAFAYETTE MARIANNA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAGAN, JOE 2862 PENN AVE MARIANNA FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREASEN, ARLAND AIR BASE HIGHWAY MARIANNA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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 617, 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: Edna Smith Edna Smith, Secretary — Aug. 08, 2000 — 850/526/4192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #