2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90050 036 ****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

DEATON, JOHN
8110 HAWLEY STREET
SNEADS FL 32460

7. Name and Address of New Registered Agent

Name: Les Furr
Street Address (P.O. Box Number is Not Acceptable): 5310 Blue Springs Rd.
Marianna, Fl. 32446
City: **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 [signature] 3/12/02
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

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	C MACLAREN, DON 1310 RESCUE DRIVE ALFORD FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARON THORNBURY 2990 SPRING STREET MARIANNA, FL. 32446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, EDNA 4181 LAFAYETTE MARIANNA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL FADER 5488 9th STREET MALONE, FL. 32445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNKLE, BILL CLARKSVILLE HWY MARIANNA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAREN FADER 5488 9th STREET MALONE, FL. 32445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORBIN, JOHN 4475 LAFAYETTE MARIANNA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL CARLO 2851 JEFFERSON STREET MARIANNA, FL. 32448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC FURR, LES 5310 BLUE SPRINGS RD MARIANNA FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEATON, JOHN 8110 HAWLEY STREET SNEADS FL 32460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Sec/Trea SIGNATURE REQUIRED 3/12/02 (850-526-4192)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #