2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# 766887

Entity Name: CRIMESTOPPERS OF JACKSON COUNTY, INCORPORATED

Current Principal Place of Business:

% JACKSON COUNTY SHERIFFS DEPT.
P. O. BOX 171
MARIANNA, FL 324470171 US

New Principal Place of Business:

Current Mailing Address:

C/O JACKSON COUNTY SHERIFFS DEPT.
P. O. BOX 171
MARIANNA, FL 324470171 US

New Mailing Address:

FEI Number: 59-2412235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FURR, LES
5310 BLUE SPRINGS ROAD
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	MACLAREN, DON	
Address:	1310 RESCUE DRIVE	
City-St-Zip:	ALFORD, FL 32420	
Title:	TD	( ) Delete
Name:	SMITH, EDNA	
Address:	4181 LAFAYETTE	
City-St-Zip:	MARIANNA, FL	
Title:	D	( ) Delete
Name:	THORNBURY, SHARON	
Address:	2990 SPRING STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	CORBIN, JOHN	
Address:	4475 LAFAYETTE	
City-St-Zip:	MARIANNA, FL	
Title:	VC	( ) Delete
Name:	FURR, LES	
Address:	5310 BLUE SPRINGS RD	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	( ) Delete
Name:	DEATON, JOHN	
Address:	8110 HAWLEY STREET	
City-St-Zip:	SNEADS, FL 32460	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VC	(X) Change ( ) Addition
Name:	THORNBURY, SHARON	
Address:	2990 SPRING STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	(X) Change ( ) Addition
Name:	HARTMAN, DOUG	
Address:	2990 SPRING STREET	
City-St-Zip:	MARIANNA, FL 32446	
Title:	D	(X) Change ( ) Addition
Name:	FURR, LES	
Address:	5310 BLUE SPRINGS RD	
City-St-Zip:	MARIANNA, FL 32446	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDNA SMITH, SECRETARY SEC 03/25/2004

Electronic Signature of Signing Officer or Director — Date