

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766887

FILED
Feb 17, 2009
Secretary of State

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:

COWAN, LINDA J
4012 LAFAYETTE STREET
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: COWAN, LINDA J
Address: 4012 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446

Title: SD () Delete
Name: TUCKER, ANGELA
Address: 2938 CYPRESS GROVE RD
City-St-Zip: GRAND RIDGE, FL 32442

Title: D () Delete
Name: MASSEY, PAM
Address: 1916 HWY 90
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: MORRISON, ASHLEY
Address: 1916 HWY 90
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: HOLLIS, JACK
Address: P.O. BOX 838
City-St-Zip: MARIANNA, FL 32447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LINDA J. COWAN

MS

02/17/2009

Electronic Signature of Signing Officer or Director

Date