2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766887

1. Entity Name

CRIMESTOPPERS OF JACKSON COUNTY, INCORPORATED



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90443 004 ****61.25

Principal Plac	ce 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		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 59	-2412235	<u> </u>	oplied For ot Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desired Fee Required					
6. Name and Address of Current Registered Agen				7. Name and Address of New Registered Agent					
			Na	Name					
furr, le			Street Address (P.O. Box Number is Not Acceptable)						
	JE SPRINGS ROAD		Street Adalese (1.5. Sex No. Iber.						
MARIANN	IA FL 32446								
			City	y y		F	Zip Code	а	
8. The above	named entity submits this statement f	or the purpose of changing it	s registered offi	ice or registe	ered agent, or both, in the	ne State of Florida. 1	am familiar with,	and accept	
	tions of registered agent.	((·	
SIGNATURE						·			
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent	signature require	ed when reinstating)	DAT	ΓE		
1	*								
FILE NOW: FEE IS \$61.25					\$5.00 May Be		eck Payable		
·	1	Trust Fund	Contribution.		Added to Fees	Florida Der	partment of S	State	
10.	OFFICERS AND D	IDECTORS	11.		ADDITIONS/CHANGE	S TO DEELCERS AND) DIRECTORS IN	10	
TOTLE	C 82	Delete	TITLE	7			☐ Change	Addition	
NAME .	MACLAREN, DON	☐ Desere	NAME	1.g.1	1 Fader st	-	Change	Abdition	
STREET ADDRESS	1310 RESCUE DRIVE		STREET ADD	RESS 54	188 d+V 21	P E C C			
CITY-ST-ZIP	ALFORD FL 32420		CITY-ST-ZIF	· m	alone, 31. 3	32445			
TITLE ()	TD .	☐ Delete	TITLE	~			Change	Addition	
NAME.	SMITH, EDNA		NAME	Ka	new Fade	rat.	_ •		
STREET ADDRESS	4181 LAFAYETTE		STREET ADD	RESS 549	88 dth 211	.660			
CITY-ST-ZIP	MARIANNA FL		CITY-ST-ZIF	, m	alove, 91.	32445			
TITLE	D	Delete	TITLE	- 10 a	e la		Change	Addition (
NAME	THORNBURY, SHARON		NAME	ાહ	11 Carlo				
STREET ADDRESS	2990 SPRING STREET		STREET ADDI	RESS 28	51 Jeffers	, 6 10			
CITY-ST-ZIP	MARIANNA FL 32446		CITY-ST-ZIP	<u>, m</u>	arianna, z	<u> </u>			
TITLE	D CORPUS SOURS	☐ Delete	TITLE		•		Change	☐ Addition	
NAME	CORBIN, JOHN		NAME						
STREET ADDRESS CITY-ST-ZIP	4475 LAFAYETTE		STREET ADDI CITY-ST-ZIF						
·····	Marianna Fl. VC	—			<u>.</u>			(Addition	
TITLE	FURR, LES	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	5310 BLUE SPRINGS RD		NAME STREET ADD	RESS				ļ	
CITY-ST-ZIP	MARIANNA FL 32446		CITY-ST-ZIF						
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	
NAME	DEATON, JOHN	□ D¢iere	NAME				onunga		
STREET ADDRESS	8110 HAWLEY STREET		STREET ADDI	RESS				ĺ	
CITY-ST-ZIP	SNEADS EL 32460		CITY-ST-ZIP	l l					

12. Thereby certify that the information supplied with this filling 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:

dua medine

1/31/03

850/524-4192