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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

771141

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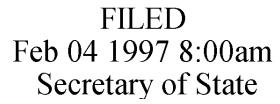
COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON C OUNTY, INC.

420 W. WASHINGTON ST.

Principal Place of Business

Mailing Address

420 W. WASHINGTON ST. MONTICELLO EL 32344-1448





MONTICELLO F	L 32344	MONTICELLO FL 32344-14	46								
						3	 Date Incorporated or Qualified 11/08/1983 		10 of L 01/31	est Re /199	port 6
2. Principal Place of Business 2a. Mailing Address						4	4. FEI Number	······································		Ap	plied For
21		26 .	— — — — — — — — — — — — — — — — — — —				59-2361979			No	t Applicable
Suite, Apt.	#, ⊌IC.	 	Suite, Apt. #, etc.				5. Certificate of Status Desired				Additional
22 City & Stat	ρ	····	City & State					······			quired
23						6	Election Campaign Financing Trust Fund Contribution	П			May Be o Fees
Zip	Country	Zip	Cou	untry			This corporation has liability for				
24	25	29	30	•		"	Florida Statutes		□ No	OOI 6.	188.032,
	9. Name and Address of Cur	rent Registered Agent				10	0. Name and Address of New I	Registered .	Agent		
				81	Name						
BIRD, T. BUCKINGHAM				82 Street Add			(P.O. Box Number is Not Accept	able)			
220 S CHERRY ST				,							
P O BO				83							
MONTIC	ELLO FL 32344			84	City				85	Zip C	Code
44 5				Ш	•			<u>FL</u>	11.	•	
office or r	to the provisions of Sections 617.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 617.1508, Florida Statu ate of Florida. Such change was	ites, the a authorize	bove d by	named the cor	l corporati poration's	ion submits this statement for the s board of directors. I hereby acc	purpose of cept the app	chang ointme	iln g i ts nt as	registered registered
	m familiar with, and accept the ob	oligations of, Section 617.0503, F	lorida Sta	tutes	١.		·	,			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NC	TF: Registere	d Ane	nt sinnatur	required who	nen reinstating)	DATE			
12.		AND DIRECTORS	13.	u rigio	signator	o redondo ana	ADDITIONS/CHANGES TO OF		DIREC	CTOR	S IN 12
TITLE	VD	☐ DELETE	1.1 To	TLE					Ch	<u>-</u>	☐ Addition
NAME	CICHON, RON		1.2 N	AME							
STREET ADDRESS	100 W. DOGWOOD ST.		1.3 \$	TREET	ADDRESS						
CITY - ST - ZIP	MONTICELLO FL		1.4 C	ITY-\$1	T- Z IP						
TITLE	P	☐ DELETE	2.1 TI	TLE					Ch	ange	Addition
NAME	GUNNELS, BILL		2.2 N	AME			.***	,			
STREET ADDRESS	800 S JEFFERSON ST		2.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY-ST-ZIP								
TITLE	D	L DELETE	3.1 🟗	TLE					L Cha	ange	Addition
NAME	BLOW, FRANK		3.2 N	AME							
STREET ADDRESS	275 W HIGH ST		3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	MONTICELLO FL	T DCC EXC		ITY-S	T-ZIP						T
TITLE	DIIMM ELIGENIA	DELETE	4.1 Ti						L Cha	ange	☐ Addition
NAME	DUNN, EUGENIA 1242 N JEFFERSON		4. 2 N								
STREET ADDRESS	MONTICELLO FL				ADDRESS						i
CITY-ST-ZIP TITLE	S S	DELETE	4.4 C	TY-ST	·ZP	ļ	······································		Cha	2000	Addition
NAME	EVELAND, JOY K	C) occur	5.2 N			[VIII	myc	L) Addition
STREET ADDRESS	420 W WASHINGTON				ADDRESS.	ŀ					
CHTY-ST-ZIP	MONTICELLO FL			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP							ļ
TITLE		DELETE	6.1 TI		- 411				☐ Cha	ange	Addition
NAME			6.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				TY-ST							
	ov certify that the information supp	lied with this filing does not qual				tated in C	Continu 110 07/2V/) Florida Ctot.	ton I further	- cortif	. 464.1	<u> </u>

• To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or, on an address.

SIGNATURE

NATUREAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

9197-5552