


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **771141** (9)

1. Corporation Name

**COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON C
OUNTY, INC.**

Principal Place of Business

**420 W. WASHINGTON ST.
MONTICELLO FL 32344**

Mailing Address

**420 W. WASHINGTON ST.
MONTICELLO FL 32344**

3. Date Incorporated or Qualified

11/08/1983

4. FEI Number

59-2361979

Applied For

Not Applicable

2. Principal Place of Business

21 CARLA WHEELER

2a. Mailing Address

26 CARLA WHEELER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BIRD, T. BUCKINGHAM
220 S CHERRY ST
P O BOX 247
MONTICELLO FL 32344-32346**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD**
CICHON, RON
STREET ADDRESS **100 W. DOGWOOD ST.**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ DELETE

NAME **P**
GUNNELS, BILL
STREET ADDRESS **800 S JEFFERSON ST**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ DELETE

NAME **D**
BLOW, FRANK
STREET ADDRESS **275 W HIGH ST**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ DELETE

NAME **T**
DUNN, EUGENIA
STREET ADDRESS **1242 N JEFFERSON**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ DELETE

NAME **S**
EVELAND, JOY K
STREET ADDRESS **420 W WASHINGTON**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Pres. Gerry Boatwright**
1.3 STREET ADDRESS **420 W. Washington St.**
1.4 CITY-ST-ZIP **Monticello, FL 32344**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Pres. Carl Hanks**
2.3 STREET ADDRESS **} above**
2.4 CITY-ST-ZIP **} above**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Sec. Eleanor Hawkins**
3.3 STREET ADDRESS **} above**
3.4 CITY-ST-ZIP **} above**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Treas. Liz Beaty**
4.3 STREET ADDRESS **} above**
4.4 CITY-ST-ZIP **} above**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **Director w.w. gunnels, jr**
5.3 STREET ADDRESS **} above**
5.4 CITY-ST-ZIP **} above**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **Director Eugene P. Dunn**
6.3 STREET ADDRESS **} above**
6.4 CITY-ST-ZIP **} above**

14. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Carla Wheeler** **REQUIRE V.P. 01/06/97 850-997-5552**

CR2E037 (10/97)