

FILED

May 21, 2002 8:00 am
Secretary of State

03-27-2002 90080 015 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003233

1. Entity Name

NORTHEAST JACKSON COUNTY COMMUNITY ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

5144 OLD US RD
MIAMIAMI FL 324465144 OLD US RD
MIAMIAMI FL 32446

2. Principal Place of Business

5087 OLD U.S. ROAD

3. Mailing Address

P.O. BOX 648

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GREENWOOD, FLORIDA 32443

City & State

MARIANNA, FLORIDA 32446

City & State

GREENWOOD, FLORIDA 32443

4. FEI Number

59-3717046

Applied For

Not Applicable

Zip

32446

Country

USA

Zip

32443

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, WILLIE B
5144 OLD US RD
MIAMIAMI FL 32446

7. Name and Address of New Registered Agent

Name

WILLIE B. GIBSON

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

5144 OLD U.S. ROAD

City

MARIANNA

FL

Zip Code
32446

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

15 March 2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRICK, TONJA R 4994 OLD US RD MARIANNA FL 32446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, CHARLES D PO BOX 385 GREENWOOD FL 32443	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEYS, CHARLES E 4322 FLORAL LANE MARIANNA FL 32446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORREST, TEREATHA 4647 WINTERGREEN RD GREENWOOD FL 32443	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WILLIE 4256 PLAINVIEW RD MARIANNA FL 32446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, WILL W REV. 5832 HWY 2 BASCOM FL 32423	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles Keys 4322 Floral Lane Marianna, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rev. Will Daniels 5832 Hwy 2 Bascom, FL 32423	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hazel Long 4457 Farm Rd. Marianna, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mary H. Edwards P.O. Box 214 Greenwood, FL 32443	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willie B. Gibson 5144 Old US Rd. Marianna, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 March 2002

Date

(850) 569-2332

Daytime Phone #

CR2E037 (9/01)