

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90008 008 ****61.25

DOCUMENT # N01000003233					
1. Entity Name NORTHEAST JACKSON COUNTY COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 5087 OLD US RD MIAMIAMM, FL 32446			Mailing Address POP BOX 648 GREENWOOD, FL 32443		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3717046	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, WILLIA B 5144 OLD US RD MIARIAMM, FL 32446			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Willie B. Gibson</i> <small>Signature, typed or printed name of registered agent, and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <i>8/27/04</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEYS, CHARLES 4322 FLORAL LANE MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, HAZEL 4457 FARM RD. MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, MARY H PO BOX 214 GREENWOOD, FL 32443	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, WILLIE B 5144 OLD US RD. MARIANNA, FL 32446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKENS, GLORIA P.O. BOX 691 MALONE, FL 32445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 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 employees. </div> <div style="width: 40%; text-align: right;"> SIGNATURE: <i>Willie B. Gibson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> </div>				
_____		<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Willie B. Gibson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: right;"> <i>8/27/04</i> <small>Date</small> </div> </div>			