

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90157 013 ****61.25

DOCUMENT # N01000003233



1. Entity Name
NORTHEAST JACKSON COUNTY COMMUNITY ASSOCIATION, INC.

Principal Place of Business
**5087 OLD US RD
MIAMIAMI FL 32446**

Mailing Address
**POP BOX 648
GREENWOOD FL 32443**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3717046**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBSON, WILLIA B
5144 OLD US RD
MIAMIAMI FL 32446**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input type="checkbox"/> Delete
NAME	KEYS, CHARLES	
STREET ADDRESS	4322 FLORAL LANE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, REV. WILL	
STREET ADDRESS	5832 HWY 2	
CITY-ST-ZIP	BASCOM FL 32423	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONG, HAZEL	
STREET ADDRESS	4457 FARM RD.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDWARDS, MARY H	
STREET ADDRESS	PO BOX 214	
CITY-ST-ZIP	GREENWOOD FL 32443	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, WILLIE B	
STREET ADDRESS	5144 OLD US RD.	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Dickens	
STREET ADDRESS	P.O. Box 691	
CITY-ST-ZIP	Malone, FL 32445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary H Edwards* 4/15/03 (800) 569-2332

CR2E037 (10/02)