

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008493

FILED
Apr 02, 2004
Secretary of State**Entity Name:** JCCTST, INC.: A CITIZEN CORPS COALITION**Current Principal Place of Business:**4428 LAFAYETTE ST STE 2096
MARIANNA, FL 32246**New Principal Place of Business:**4428 LAFAYETTE ST
209
MARIANNA, FL 32246**Current Mailing Address:**4428 LAFAYETTE ST STE 215
MARIANNA, FL 32246**New Mailing Address:**4428 LAFAYETTE ST
209
MARIANNA, FL 32246**FEI Number:** 27-0017438**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FADER, KAREN
4428 LAFAYETTE ST STE 215
MARIANNA, FL 32246**Name and Address of New Registered Agent:**FADER, KAREN
4428 LAFAYETTE ST
209
MARIANNA, FL 32246

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: _____

04/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: FADER, KAREN
Address: 5488 9 ST
City-St-Zip: MALONE, FL 32445**Title:** DV () Delete
Name: STITT, BRUCE
Address: 4428 LAFAYETTE ST STE 215
City-St-Zip: MARIANNA, FL 32246**Title:** DST () Delete
Name: MCALLISTER, EVAN
Address: 4428 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446**Title:** D () Delete
Name: DAVIS, FRANCIS
Address: P.O. BOX 436
City-St-Zip: MARIANNA, FL 32447**Title:** D () Delete
Name: FADER, BILL
Address: 5488 9 STREET
City-St-Zip: MARIANNA, FL 32445**Title:** D () Delete
Name: HAMILTON, JIMMY
Address: PO BOX 159
City-St-Zip: SNEADS, FL 32460**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DV (X) Change () Addition
Name: MCALLISTER, EVAN
Address: 4428 LAFAYETTE ST STE 209
City-St-Zip: MARIANNA, FL 32246**Title:** DST (X) Change () Addition
Name: TAYLOR, DAVID
Address: 4428 LAFAYETTE STREET STE 209
City-St-Zip: MARIANNA, FL 32446**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN FADER

DP

04/02/2004

Electronic Signature of Signing Officer or Director

Date