

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008493

FILED
Mar 28, 2005
Secretary of State

Entity Name: JCCTST, INC.: A CITIZEN CORPS COALITION

Current Principal Place of Business:

4428 LAFAYETTE ST
209
MARIANNA, FL 32246

New Principal Place of Business:

Current Mailing Address:

4428 LAFAYETTE ST
209
MARIANNA, FL 32246

New Mailing Address:

FEI Number: 27-0017438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FADER, KAREN
4428 LAFAYETTE ST
209
MARIANNA, FL 32246 US

Name and Address of New Registered Agent:

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: _____

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: MCALLISTER, EVAN
Address: 4428 LAFAYETTE ST STE 209
City-St-Zip: MARIANNA, FL 32246

Title: DST () Delete
Name: TAYLOR, DAVID
Address: 4428 LAFAYETTE STREET STE 209
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 (X) 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID TAYLOR

DST

03/28/2005

Electronic Signature of Signing Officer or Director

Date