

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N01000008493

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



Principal Place of Business  
4428 LAFAYETTE ST  
209  
MARIANNA, FL 32246

Mailing Address  
4428 LAFAYETTE ST  
209  
MARIANNA, FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

**6. Name and Address of Current Registered Agent**

FADER, KAREN  
4428 LAFAYETTE ST  
209  
MARIANNA, FL 32246

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP FADER, KAREN 5488 9 ST MALONE, FL 32445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCALLISTER, EVAN 4428 LAFAYETTE ST STE 209 MARIANNA, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Grice, Helen 2071 Gray Avenue Sheads, FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR, DAVID 4428 LAFAYETTE STREET STE 209 MARIANNA, FL 32446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Taylor, David 4428 LAFAYETTE ST. STE 209 Marianna, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, FRANCIS P.O. BOX 436 MARIANNA, FL 32447	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DST BRASHER, CHARLES 4428 LAFAYETTE ST. STE 209 Marianna, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADER, BILL 5488 9 STREET MARIANNA, FL 32445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARRELL, ROBERT 1157 LIBRARY ROAD ALFORD, FL 32420

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Karen Fader* KAREN FADER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 850 526-2861  
Date Daytime Phone #

Date

Daytime Phone #

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**ATTACHMENT**

40069088  
#NO1000008493

DOCUMENT # N01000008493		
1. Entity Name JCCTST, INC.: A CITIZEN CORPS COALITION		

Principal Place of Business 4428 LAFAYETTE ST 209 MARIANNA, FL 32246	Mailing Address 4428 LAFAYETTE ST 209 MARIANNA, FL 32246
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number 27-0017438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FADER, KAREN 4428 LAFAYETTE ST 209 MARIANNA, FL 32246		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="border: 1px solid black; padding: 2px;">FL</span> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006		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	DP FADER, KAREN 5488 9 ST MALONE, FL 32445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCALLISTER, EVAN 4428 LAFAYETTE ST STE 209 MARIANNA, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR, DAVID 4428 LAFAYETTE STREET STE 209 MARIANNA, FL 32446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, FRANCIS P.O. BOX 436 MARIANNA, FL 32447	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADER, BILL 5488 9 STREET MARIANNA, FL 32445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	RICHARDSON, BRYAN 4428 LAFAYETTE ST STE 209 MARIANNA, FL 32446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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SIGNATURE: *Karen Fader*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 8505262861  
Date Daytime Phone #