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

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90943 033 ****70.00

DOCUMENT # N01000008493

1. Entity Name
JACKSON COUNTY COMMUNITY TRAFFIC SAFETY TEAM, INC.

Principal Place of Business	Mailing Address
4428 LAFAYETTE ST STE 215 MARIANNA, FL 32246	4428 LAFAYETTE ST STE 215 MARIANNA, FL 32246

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4428 Lafayette Street	
Suite, Apt. #, etc. 209	Suite, Apt. #, etc.
City & State Marianna, FL	City & State
Zip 32446 Country	Zip Country

4. FEI Number 27-0017438 ☐ Applied For ☐ Not Applicable

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
FADER, KAREN 4428 LAFAYETTE ST STE 215 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 Karen Fader 4/9/03
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FADER, KAREN 5488 9 ST MALONE, FL 32445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kenneth Daffin P. O. Box 5958 Marianna, FL 32447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STITT, BRUCE 4428 LAFAYETTE ST STE 215 MARIANNA, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles Brasher 2741 Penn Avenue #3 Marianna, FL 32448	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MCALLISTER, EVAN 4428 LAFAYETTE STREET MARIANNA, FL 32446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Helen Grice 2071 Gay Avenue Sneads, FL 32460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, FRANCIS P.O. BOX 436 MARIANNA, FL 32447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FADER, BILL 5488 9 STREET MARIANNA, FL 32445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, JIMMY PO BOX 159 SNEADS, FL 32460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Karen Fader April 9, 2003 850 5910447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #