

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 17, 2004 8:00 am
Secretary of State

03-04-2004 90015 036 ****61.25

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02262004 Chg-NP CR2E037 (10/03)

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| DOCUMENT # N02000000817 | |  | |
| 1. Entity Name COMMUNITIES IN SCHOOLS OF JEFFERSON COUNTY, INC. | | | |
| Principal Place of Business 68 BARNHART RD. MONTICELLO, FL 32344 | | Mailing Address PO BOX 36 MONTICELLO, FL 32345 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 73-4028018 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARNHART, WILLARD B 68 BARNHART RD. MONTICELLO, FL 32344 | | 7. Name and Address of New Registered Agent 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 _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 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 | CD STONE, FRANK 1475 S. JEFFERSON STREET MONTICELLO, FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice Chair Mary Madison 351 Ridge Road Monticello, FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD ADAMS, GLENN 1521 SPRING HOLLOW DR. MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Idella Scott 190 Bishop Drive Monticello, FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WASHINGTON, SHIRLEY 4 ALEXANDER PARK LAMONT, FL 32336 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Mathye McCloud 37 Alexander Road Monticello, FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RANSOM, LILLIAN MRS 550 PINEYWOOD RD. MONTICELLO, FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Lois H. Hunter 1961 Casa Bianca Road Monticello, FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EDT BARNHART, W.B. 68 BARNHART RD. MONTICELLO, FL 32344 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member David Ward P O Box 616 Monticello, FL 32345 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Dessie Harvey P O Box 713 Monticello, FL 32345 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Willard B. Barnhart</i> | | Date: <i>3/11/04</i> 347-0100 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |