


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90026 016 ****61.25

DOCUMENT # N06000001780 1. Entity Name JEFFERSON COUNTY CITIZENS FOR A SUSTAINABLE FUTURE, INC.					
Principal Place of Business 4806 GAMBLE ROAD MONTICELLO, FL 32344			Mailing Address 7500 SOUTH JEFFERSON STREET LAMONT, FL 32336		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4806 Gamble Road Suite, Apt. #, etc. MONTICELLO, FL;			
Suite, Apt. #, etc.		City & State MONTICELLO, FL;			
City & State		4. FEI Number 83-0448555			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32344		JEFFERSON		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAMOTTE, THOMAS S 4806 GAMBLE ROAD MONTICELLO, FL 32344			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Thomas S. LaMotte</u> TO <u>1/22/08</u> <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PRES WILLIAMS, FRED 725 RAINBOW END ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMOTTE, THOMAS S 4806 GAMBLE ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCARCY, WAYNE 190 WHISPERING HILLS MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCARCY, WAYNE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Thomas S. LaMotte THOMAS S. LAMOTTE 1/22/08 (850)997.6575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					