

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

08 JUN -3 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N06000002849**

1. Entity Name  
**THE LIFESOURCE ECONOMIC AND COMMUNITY  
DEVELOPMENT CORPORATION OF JEFFERSON  
COUNTY, INC.**



Principal Place of Business  
**262 SUNDANCE DR  
MONTICELLO, FL 32344**

Mailing Address  
**262 SUNDANCE DR  
MONTICELLO, FL 32344**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



06032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARPENTER, JACUELINE  
262 SUNDANCE DRIVE  
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 \_\_\_\_\_

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 September 12, 2008**

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	CEOP CARPENTER, JACUELINE <input type="checkbox"/> Delete 262 SUNDANCE DR MONTICELLO, FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100131282761 06/13/08--01025--021 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MCGRUFF, PRISCILLA 57 CHARLES WILLIS DR MIDWAY, FL 32343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director Ingrid Thompson Grant 262 Sundance Drive Monticello, FL 32344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SNYDER, CHARLOT 2427 CAPITAL CIR NE - STE F TALLAHASSEE, FL 32308	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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DR. Jerry Burghout no. 262 Sundance Drive Monticello, Florida</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Betty Kenon 800 Sikes St. Quincy, FL 32351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** Jacqueline K. Carpenter June 3rd 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

26/3