## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010616

FILED Jun 06, 2009 Secretary of State

Entity Name: JEFFERSON COUNTY COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** 435 EAST WASHINGTON STREET 680 W. HALPIN ROAD MONTICELLO, FL 32344 MONTICELLO, FL 32344 **Current Mailing Address: New Mailing Address:** P.O. BOX 906 MONTICELLO, FL 32345 FEI Number: 26-1440952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CABAGNOT, ROCKY M ESQ. 2119 DELTA BOULEVARD TALLAHASSEE, FL 32303 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BURTON, BRENT BARNHART, CETTA Name: Name: 435 E. WASHINGTON STREET Address: 680 HALPIN ROAD Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: MONTICELLO, FL 32344 Title: () Delete Title: (X) Change ( ) Addition BARNHART, CETTA Name: MARKIEWICZ, BARBARA Name: Address: 680 W. HALPIN ROAD Address: 1031 RAINEY RUN City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: MONTICELLO, FL 32344 Title: () Delete Title: () Change () Addition CARTER, WANDA E Name: Name: 2663 FAIRMONT LANE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition MARKIEWICZ, BARBARA Name: Name: HAMILTON, CAROLYN 1031 RAINEY RUN 660 E. POPLAR STREET Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: MONTICELLO, FL 32344 Title: (X) Delete Title: () Change () Addition HALL, GENE Name: Name: 935 BRANCH STREET Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA E. CARTER S/T 06/06/2009