

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19080 (3)

1. Corporation Name

JACKSON COUNTY MINORITY BUSINESS ASSOCIATION INC

Principal Place of Business

Mailing Address

4275 ST ANDREW ST  
MARIANNA FL 32448  
US

4170 CEDAR STREET  
MARIANNA FL 32446



3. Date Incorporated or Qualified

01/26/1987

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2775378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTSFIELD, IDUS  
ROUTE 3, BOX 55  
MARIANNA FL 32446

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Idus C. Hartsfield*  
Signature, typed or printed name of registered agent

*Idus C. Hartsfield*  
Signature, typed or printed name of registered agent

1-29-96  
DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME  
MCNEALY, MINNIE  
STREET ADDRESS  
4170 CEDAR STREET  
CITY-ST-ZIP  
MARIANNA FL

P/D ☐ DELETE

NAME  
BRYANT, ELMORE  
STREET ADDRESS  
2814 ORANGE STREET  
CITY-ST-ZIP  
MARIANNA FL

S ☐ DELETE

NAME  
POLLOCK, ROSA  
STREET ADDRESS  
4219 OLD COTTONDALE RD  
CITY-ST-ZIP  
MARIANNA FL

T ☐ DELETE

NAME  
SMITH, K W  
STREET ADDRESS  
MAIN STREET  
CITY-ST-ZIP  
MALONA FL

PD ☒ DELETE

NAME  
BRADWELL, ANNIE  
STREET ADDRESS  
709 BOOKER ST  
CITY-ST-ZIP  
MARIANNA FL

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Minnie McNealy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96  
Date

904-482-5429  
Daytime Phone #

CR2E037 (12/95)