2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2.

FILED
Mar 20, 2006 8:00 am
Secretary of State

02-27-2006 90111 031 ****61.25

DOCUMENT # N19080

1. Entity Name

JACKSON COUNTY MINORITY BUSINESS ASSOCIATION INC

Principal Place of Business	Mailing Address
2880-B ORANGE ST. MARIANNA FL 32448 US	4170 CEDAR STREET MARIANNA FL 32446

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2775378 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, LEON 3605 BUMPNOSE RD. MARIANNA FL 32446	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 Kelly Leon Leon Kelly 2-14-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW: FEE IS $61.25 Due By May 1 2006

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 T NAME MCNEALY, MINNIE STREET ADDRESS 4170 CEDAR STREET CITY-ST-ZIP MARIANNA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PDT NAME BRYANT, ELMORE STREET ADDRESS 2814 ORANGE STREET CITY-ST-ZIP MARIANNA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ST NAME POLLOCK, ROSA STREET ADDRESS 4219 OLD COTTONDALE RD CITY-ST-ZIP MARIANNA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME SYLVESTER, DANNY STREET ADDRESS 4324 WOODBERRY RD. CITY-ST-ZIP MARIANNA FL 32448	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Elmore Bryant

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