

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90025 023 ****61.25

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1. Entity Name

**EAST JACKSON COUNTY ECONOMIC DEVELOPMENT
COUNCIL, INC.**



Principal Place of Business

**8292 HIGHWAY 90 EAST
SNEADS FL 32460**

Mailing Address

**P.O. BOX 1072
SNEADS FL 32460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3179915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BYRD, RHONDA K
8292 HIGHWAY 90 EAST
SNEADS FL 32460**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	BYRD, RHONDA	
STREET ADDRESS	8292 HIGHWAY 90 EAST	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, EDD	
STREET ADDRESS	7336 HWY 90	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GRICE, HELEN	
STREET ADDRESS	2071 GAY AVENUE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, CHANLEY	
STREET ADDRESS	5314 PEPPER LANE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, CHARLES	
STREET ADDRESS	7205 HIGHWAY 90	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRT, HOMER	
STREET ADDRESS	2054 DAIRY ROAD	
CITY-ST-ZIP	SNEADS FL 32460	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.R. Moneyham	
STREET ADDRESS	P.O. Drawer 180	
CITY-ST-ZIP	Grand Ridge, FL 32442	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James C. Parmer	
STREET ADDRESS	P.O. Box 767	
CITY-ST-ZIP	Sneads, FL. 32460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Helen Grice

Helen Grice

April

2005

(850) 593-6491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #