


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 036 ****61.25

DOCUMENT # N93000001943	
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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-3179915	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BYRD, RHONDA K 8292 HIGHWAY 90 EAST SNEADS FL 32460	
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7. Name and Address of New Registered Agent	
Name Helen Grice	
Street Address (P.O. Box Number is Not Acceptable) 2071 Gay Ave.	
City Sneads	FL Zip Code 32460

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 *Helen Grice* DATE *April 19, 2007*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BYRD, RHONDA 8292 HIGHWAY 90 EAST SNEADS FL 32460 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DANIELS, PHYLLIS 6932 MESSER RD SNEADS FL 32460 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRICE, HELEN 2071 GAY AVENUE SNEADS FL 32460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MONEYHAM, J.R. PO DRAWER 180 GRAND RIDGE FL 32442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIRT, HOMER 2054 DAIRY ROAD SNEADS FL 32460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Lewis, Greg 7887 Seminole St. Sneads, FL. 32460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Walden, Zane G. 1847 Gulf Power Rd. Sneads, FL. 32460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *Helen Grice* *Helen Grice* DATE *April 2007* (850) 593-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR