

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90018 020 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
**59-3179915**

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

**GRICE, HELEN  
2071 GAY AVE.  
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, 2008**

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  
**SD  
LEWIS, GREG  
7887 SEMINOLE ST.  
SNEADS FL 32460** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
WALDEN, ZANE G  
1847 GULF POWER RD.  
SNEADS FL 32460** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
GRICE, HELEN  
2071 GAY AVENUE  
SNEADS FL 32460** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
MONEYHAM, J.R.  
PO DRAWER 180  
GRAND RIDGE FL 32442** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
HIRT, HOMER  
2054 DAIRY ROAD  
SNEADS FL 32460** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
JOHNSON, JASON  
1399 MillSpring Rd  
Grand Ridge, FL 32442** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
DANIELS, MARY  
8146 Hwy 96 (Mailing P.O. Box 1070)  
Sneads, FL 32460** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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:

*Helen Grice*

*Helen Grice*

*April 10, 2008*

*(850) 593-6204*