2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N93000001943

Entity Name: EAST JACKSON COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

8292 HIGHWAY 90 EAST
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1072
SNEADS, FL 32460

New Mailing Address:

FEI Number: 59-3179915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRICE, HELEN
2071 GAY AVE.
SNEADS, FL 32460 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	LEWIS, GREG	
Address:	7887 SEMINOLE ST.	
City-St-Zip:	SNEADS, FL 32460	
Title:	D	( ) Delete
Name:	JOHNSON, JASON	
Address:	1399 MILLSPING RD.	
City-St-Zip:	GRAND RIDGE, FL 32442	
Title:	TD	( ) Delete
Name:	GRICE, HELEN	
Address:	2071 GAY AVENUE	
City-St-Zip:	SNEADS, FL 32460	
Title:	D	( ) Delete
Name:	DANIELS, MARY	
Address:	8146 HWY 90 (MAILING P.O. BOX 1070)	
City-St-Zip:	GRAND RIDGE, FL 32442	
Title:	PD	( ) Delete
Name:	HIRT, HOMER	
Address:	2054 DAIRY ROAD	
City-St-Zip:	SNEADS, FL 32460	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG LEWIS SD 02/19/2009

Electronic Signature of Signing Officer or Director — Date