

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001943

FILED  
Feb 23, 2012  
Secretary of State

**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  
Name: LEWIS, GREG  
Address: 7887 SEMINOLE ST.  
City-St-Zip: SNEADS, FL 32460

Title: D  
Name: JOHNSON, JASON  
Address: 1399 MILLSPING RD.  
City-St-Zip: GRAND RIDGE, FL 32442

Title: TD  
Name: GRICE, HELEN  
Address: 2071 GAY AVENUE  
City-St-Zip: SNEADS, FL 32460

Title: D  
Name: DANIELS, MARY  
Address: 8146 HWY 90 (MAILING P.O. BOX 1070)  
City-St-Zip: GRAND RIDGE, FL 32442

Title: PD  
Name: HIRT, HOMER  
Address: 2054 DAIRY ROAD  
City-St-Zip: SNEADS, FL 32460

Title: P  
Name: MONEYHAM, JR  
Address: 6976 SHADY GROVE RD  
City-St-Zip: GRAND RIDGE, FL 32442

I hereby 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 all other like empowered.

SIGNATURE: JR MONEYHAM

P

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date