2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001567

Entity Name: JACKSON COUNTY DEVELOPMENT COUNCIL, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
PO BOX 92		ET US				
,		Na 84-11:				
Current IVI	ailing Addres	S:	New Maili	ng Address:		
PO BOX 92 MARIANNA	20 A, FL 32447	US				
FEI Number: 59-3306144 FEI Number Applied For (FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
BAKER, FR 4431 LAFA MARIANNA		US				
The above in the State		ubmits this statement for the pur	rpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	!E:					
	Electron	ic Signature of Registered Agen	t	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () HENDERSON, F 4490 JACKSON COTTONDALEC	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () WHITEHURST, 4222 HICKORY MARIANNA, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition HINSON, BEVERLY 4450 BROAD STREET MARIANNA, FL 32446		
Title: Name: Address: City-St-Zip:	D () BRITT, GENE 5000 WILMING CAMPBELLTON		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S/T () BURDESHAW, A 5400 CLIFF STE GRACEVILLE, F	REET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ADAMS, EUGENE 5348 CLIFF STREET GRACEVILLE, FL 32440		
Title: Name: Address: City-St-Zip:	BRADWELL, AN	PLANTATION ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STAN WHITEHURST P 04/30/2002