

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001567

FILED
Apr 29, 2004
Secretary of State**Entity Name:** JACKSON COUNTY DEVELOPMENT COUNCIL, INC.**Current Principal Place of Business:**2840 JEFFERSON STREET
PO BOX 920
MARIANNA, FL 32448 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 920
MARIANNA, FL 32447 US**New Mailing Address:****FEI Number:** 59-3306144**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAKER, FRANK A
4431 LAFAYETTE ST.
MARIANNA, FL 32446 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:** P () Delete
Name: HENDERSON, RILEY J REVER
Address: 4490 JACKSON ROAD
City-St-Zip: COTTONDALE, FL 32431**Title:** VP () Delete
Name: YOUNG, RUSSELL
Address: 2284 BERETTA LANE
City-St-Zip: COTTONDALE, FL 32431**Title:** S/T () Delete
Name: HINSON, BEVERLY
Address: 4450 BROAD STREET
City-St-Zip: MARIANNA, FL 32446**Title:** D () Delete
Name: BRITT, GENE
Address: 5000 WILMINGTON COURT
City-St-Zip: CAMPBELLTON, FL 32426**Title:** D () Delete
Name: ADAMS, EUGENE
Address: 5348 CLIFF STREET
City-St-Zip: GRACEVILLE, FL 32440**Title:** D () Delete
Name: CLARK, IRA
Address: 5900 HARTSFIELD ROAD
City-St-Zip: GREENWOOD, FL 32443**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Name:
Address:
City-St-Zip:

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: RILEY J HENDERSON

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date

MR. BYRON WARD, DIRECTOR
4627 MEADOWVIEW ROAD
MARIANNA FL 32446

MRS. JANE TILLMAN, DIRECTOR
4452 CLINTON STREET
MARIANNA, FL 32446

MR. ARTHUR OBAR, DIRECTOR
1094 WHITE AVENUE
GRACEVILLE, FL 32440

MS. NORMA MERRITT, DIRECTOR
2669 HIGHWAY 73 SOUTH
MARIANNA FL 32448

MR. EMMETT L. LONG, JR., DIRECTOR
BOX 6087, FORT ROAD
GREENWOOD, FL 32443

MR. BILL KING, DIRECTOR
4400 LAFAYETTE STREET
MARIANNA FL 32446

MR. HOWARD J. GLASS, DIRECTOR
2864 MADISON STREET
MARIANNA, FL 32448

MR. DAN COULLIETTE, DIRECTOR
8158 HAWLEY STREET
SNEADS, FL 32460