

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001567

FILED  
Jul 06, 2006  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BAKER, FRANK A  
4431 LAFAYETTE ST.  
MARIANNA, FL 32446 US

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  
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 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: RILEY J HENDERSON

P

07/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date