


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90203 050 ****61.25

DOCUMENT # N95000001567 1. Entity Name JACKSON COUNTY DEVELOPMENT COUNCIL, INC.					
Principal Place of Business 2840 JEFFERSON STREET PO BOX 920 MARIANNA, FL 32448 US			Mailing Address PO BOX 920 MARIANNA, FL 32447 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3306144 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04182008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BAKER, FRANK A 4431 LAFAYETTE ST. MARIANNA, FL 32446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, RILEY J REVER 4490 JACKSON ROAD COTTONDALEQ, FL 32431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, RUSSELL 2284 BERETTA LANE COTTONDALE, FL 32431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HINSON, BEVERLY 4450 BROAD STREET MARIANNA, FL 32446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, GENE 5000 WILMINGTON COURT CAMPBELLTON, FL 32426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIE P.O. BOX 25 MALONE, FL 32445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, IRA 5900 HARTSFIELD ROAD GREENWOOD, FL 32443	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/21/08 Daytime Phone #: (850) 526-4005		



ATTACHMENT

60035175

NES000001567

Attachment to State of Florida Annual Report

2008 Board of Directors

D
Mr. Dan Coulliette
8158 Hawley Street
Sneads FL 32460

D
Mr. Tommy Lassman
% Superior Bank
2260 Hwy 70
Marianna FL 32448

D
Mr. Chuck Lockey
4374 River Forest Road
Marianna FL 32446

D
Mr. Emmett L. Long, Jr.
Box 6087, Fort Road
Greenwood FL 32443

D
Mr. James Elmore
P O Box 465
Cottdale FL 32431

D
Ms. Norma Merritt
2669 Hwy 73 South
Marianna FL 32448

D
Mr. John Roberts, Sr.
P O Box 1544
Marianna FL 32447

D
Mr. Jason Johnson
1399 Mill Springs Rd
Grand Ridge FL 32442