


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90025 009 \*\*\*\*61.25

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<b>DOCUMENT # N95000005567</b>					
1. Entity Name WEST JACKSON COUNTY DEVELOPMENT AUTHORITY, INC.					
Principal Place of Business 2864 MADISON STREET MARIANNA, FL 32446		Mailing Address 2864 MADISON STREET MARIANNA, FL 32446			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3440108	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLASS, HOWARD J 2864 MADISON STREET MARIANNA, FL 32446				Name <u>Chuck Lockey</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>2864 Madison Street</u>	
				City <u>Marianna</u> FL Zip Code <u>32448</u>	
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 <u>Chuck Lockey</u>		President		DATE <u>2/16/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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	PDST	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASS, HOWARD J		NAME	Edward E Crutchfield	
STREET ADDRESS	2864 MADISON ST.		STREET ADDRESS	2864 Madison Street	
CITY-ST-ZIP	MARIANNA, FL 32448		CITY-ST-ZIP	Marianna, FL 32448	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIRES, WILLIE		NAME	Jeremy Branch	
STREET ADDRESS	2864 MADISON STREET		STREET ADDRESS	2864 Madison Street	
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP	Marianna, FL 32448	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKEY, CHUCK		NAME	Chuck Lockey	
STREET ADDRESS	2864 MADISON STREET		STREET ADDRESS	2864 Madison Street	
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP	Marianna, FL 32448	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, PAUL		NAME		
STREET ADDRESS	2864 MADISON STREET		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, MILTON		NAME		
STREET ADDRESS	2864 MADISON STREET		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32446		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <u>Chuck Lockey</u>		Date <u>2/16/07</u>		Daytime Phone # <u>850-482-9634</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Chuck Lockey, President</u>					