


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005567

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

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3440108

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKEY, CHUCK
 2864 MADISON STREET
 MARIANNA, FL 32448

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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 Chuck Lockey President DATE 1/23/08

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRUTCHFIELD, EDWARD
STREET ADDRESS	2864 MADISON STREET
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	D
NAME	SPIRES, WILLIE
STREET ADDRESS	2864 MADISON STREET
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	PDST
NAME	LOCKEY, CHUCK
STREET ADDRESS	2864 MADISON STREET
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	PITTMAN, MILTON
STREET ADDRESS	2864 MADISON STREET
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	BRANCH, JEREMY
STREET ADDRESS	2864 MADISON STREET
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 02/15/08-80067-013 61.25

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: Chuck Lockey Chuck Lockey, President DATE 1/23/08 850-482-9634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #