2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005567

FILED Jan 21, 2009 Secretary of State

Entity Name: WEST JACKSON COUNTY DEVELOPMENT AUTHORITY, INC.

Current Principal Place of Business: New Principal Place of Business: 2864 MADISON STREET 2864 MADISON STREET MARIANNA, FL 32446 MARIANNA, FL 32448 **Current Mailing Address: New Mailing Address:** 2864 MADISON STREET 2864 MADISON STREET MARIANNA, FL 32446 MARIANNA, FL 32448 FEI Number: 59-3440108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LOCKEY, CHUCK BRANCH, JEREMY 2864 MADISON STREET 2864 MADISON STREET MARIANNA, FL 32448 MARIANNA, FL 32448 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: JEREMY BRANCH 01/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRUTCHFIELD, EDWARD Name: Name: 2864 MADISON STREET Address: Address: MARIANNA, FL 32448 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SPIRES, WILLIE Name: Name: Address: 2864 MADISON STREET Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: **PDST** () Delete Title: (X) Change () Addition LOCKEY, CHUCK LOCKEY, CHUCK Name: Name: 2864 MADISON STREET 2864 MADISON STREET Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446 Title: () Delete Title: (X) Change () Addition STEPHENS, KENNETH Name: PITTMAN, MILTON Name: 2864 MADISON STREET 2864 MADISON STREET Address: Address: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: **PDST** (X) Change () Addition BRANCH, JEREMY BRANCH, JEREMY Name: Name: 2864 MADISON STREET 2864 MADISON STREET Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: MARIANNA, FL 32448

I hereby certify that the information supplied with this filing does not qualify 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: JEREMY BRANCH PRES 01/21/2009