

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000101 (2)

1. Corporation Name

JACKSON COUNTY LENDERS CONSORTIUM, INC.



Principal Place of Business 2900 N. JEFFERSON ST. MARIANNA FL 32446		Mailing Address 2900 N. JEFFERSON ST. MARIANNA FL 32446		3. Date Incorporated or Qualified 01/07/1997	
2. Principal Place of Business 21 SAME AS ABOVE Suite, Apt. #, etc.		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc.		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State 23		27 City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 25 Country		29 Zip 30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HUDSON, CHARLES H JR 2900 N. JEFFERSON ST. MARIANNA FL 32446				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HUDSON, CHARLES H JR				
STREET ADDRESS	2900 N. JEFFERSON STREET				
CITY-ST-ZIP	MARIANNA FL 32446				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	LEWIS, JOY				
STREET ADDRESS	2889 GREEN STREET				
CITY-ST-ZIP	MARIANNA FL 32446				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	WHITE, VINCENT				
STREET ADDRESS	4393 LAFAYETTE ST.				
CITY-ST-ZIP	MARIANNA FL 32446				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BRYANT, ELMORE				
STREET ADDRESS	2814 ORANGE ST.				
CITY-ST-ZIP	MARIANNA FL 32448				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME Christopher S. Gilmore					
3.3 STREET ADDRESS P.O. Drawer 819 NA					
3.4 CITY-ST-ZIP MARIANNA, FL 32447					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] REQUIRED

1-9-98 (850) 526-5557

CR2E037 (10/97)