2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002519

1. Entity Name
JEFFERSON COUNTY YOUTH COUNCIL, INC.

Principal Place of Business
555 TIGER TRAIL
MONTICELLO, FL 32344

Mailing Address
PO BOX 346
MONTICELO, FL 32345

01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3609234 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HALSEY, LARRY
275 NORTH MULBERRY ST.
MONTICELLO, FL 32344

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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 _____
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, 2005

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

U00000191242
01/24/05-80166-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROANN, GLADYS
STREET ADDRESS	P.O. BOX 524
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	VCD
NAME	BAYLOR, BEN
STREET ADDRESS	655 PUGSLEY DR
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	TD
NAME	HALSEY, LARRY
STREET ADDRESS	P.O. BOX 167
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	S
NAME	BROCK, VERNA
STREET ADDRESS	260 N CHERRY ST
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	ED
NAME	WHITTY, JEFF
STREET ADDRESS	1567 SPRING HOLLOW DR
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: _____ 1-21-05 997-2646
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

George W. Miller