2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 06, 2007 8:00 am
Secretary of State
02-14-2007 90052 014 ****61.25

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1. Entity Name
JEFFERSON COUNTY YOUTH COUNCIL, INC.

Principal Place of Business	Mailing Address
555 TIGER TRAIL MONTICELLO, FL 32344	PO BOX 346 MONTICELO, FL 32345

02072007 No Chg-NP CR2E037 (4/06)

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CD Chairman / Director
NAME	ROANN, GLADYS
STREET ADDRESS	P.O. BOX 524
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	VCD Vice Chairman / Director
NAME	FREEMAN, LARRY
STREET ADDRESS	1200 S. JEFFERSON ST
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	TD Treasurer / Director
NAME	HALSEY, LARRY
STREET ADDRESS	P.O. BOX 167
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	S Secretary / Director
NAME	~~FARMER, SHANKA~~
STREET ADDRESS	240 RR ST
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	ED
NAME	~~BELLAMY, DEVEDA~~
STREET ADDRESS	~~P.O. BOX 346~~ REMOVE
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	BOBBY PARRISH Director
NAME	
STREET ADDRESS	2700 Oak Park Court
CITY-ST-ZIP	TALLAHASSEE, FL 32308

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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: Gladys Roann 2-7-07 997-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GLADYS Roann