

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002519

FILED
Jan 26, 2009
Secretary of State

Entity Name: JEFFERSON COUNTY YOUTH COUNCIL, INC.

Current Principal Place of Business:

555 TIGER TRAIL
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

PO BOX 346
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 59-3609234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROANN, GLADYS
Address: P.O. BOX 524
City-St-Zip: MONTICELLO, FL 32345

Title: VCD () Delete
Name: FREEMAN, LARRY
Address: 1200 S. JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: HALSEY, LARRY
Address: P.O. BOX 167
City-St-Zip: MONTICELLO, FL 32345

Title: S () Delete
Name: FARMER, SHANKA
Address: 240 RR ST
City-St-Zip: MONTICELLO, FL 32344

Title: ED () Delete
Name: BELLAMY, DEVEDA
Address: P.O. BOX 346
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLADYS ROANN

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date