

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004934

Entity Name: JACKSON COUNTY TRANSPORTATION, INC.**Current Principal Place of Business:**3988 OLD COTTONDALE ROAD
MARIANNA, FL 32448**Current Mailing Address:**P.O. BOX 1117
MARIANNA, FL 32446**FEI Number: 59-3264135****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PEELER, SHARON
3988 OLD COTTONDALE ROAD
MARIANNA, FL 32448 US*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**Officer/Director Detail :**

Title DIRECTOR
Name PFORTE, LINDA
Address 2919 PENNSYLVANIA AVENUE
City-State-Zip: MARIANNA FL 32448

Title D
Name LONG, WILLIAM
Address 3786 OLD US ROAD
City-State-Zip: MARIANNA FL 32446

Title ST
Name STEVENS, BILL
Address 2525 SPRING CREEK ROAD
City-State-Zip: MARIANNA FL 32448

Title D
Name BOWERS, DELOIS
Address 5571 BOOMERANG ROAD
City-State-Zip: BASCOM FL 32423

Title DIRECTOR
Name HAMILTON, JOHN
Address 3693 HIGHWAY 69
City-State-Zip: GREENWOOD FL 32443

Title VP
Name JOHNSON, DAVID
Address 2808 APPALACHEE TRAIL
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR
Name MELVIN, DAVID
Address 4428 LAFAYETTE STREET
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR
Name DEAN, JIM
Address 2898 GREEN STREET
City-State-Zip: MARIANNA FL 32446

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I hereby 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 all other like empowered.

SIGNATURE: BILLY SWAILS**PRESIDENT****04/03/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	PRESIDENT
Name	SWAILS, BILLY
Address	P.O. BOX 1117
City-State-Zip:	MARIANNA, FL 32446