

2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011010

Entity Name: GILMORE ACADEMY AND JCTS YOUTH DEVELOPING CENTER
INC.**Current Principal Place of Business:**4148 SOUTH STREET- GILMORE ACADEMY LN.
MARIANNA, FL 32347**Current Mailing Address:**P O BOX 566
MARIANNA, FL 32446 US**FEI Number:** 81-4430225**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLAY, ROGER
4073 ENGLISH 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 PRESIDENT, CEO, / BOARD OF
DIRECTOR
Name SNELL, GRADY JR.
Address 1 FORESTWOOD COURT
City-State-Zip: COLUMBUS GA 31907

Title EXECUTIVE SECRETARY, / BOARD
OF DIRECTOR
Name SNELL, SLYVESTER
Address 6004 BUTTON WILLOW LANE
City-State-Zip: TALLAHASSEE FL 32305

Title CFO, / BOARD OF DIRECTOR
Name GREEN, PORTIA
Address P O BOX 566
City-State-Zip: MARIANNA FL 32446

Title SGT OF ARMS / BOARD OF
DIRECTOR
Name BANDELE, AKO O
Address P O BOX 566
City-State-Zip: MARIANNA FL 32446

Title CHAPLAIN/ BOARD OF DIRECTOR
Name HOLLAND, JOHN RICHARD SR.
Address PO BOX 566
City-State-Zip: MARIANNA FL 32446

Title RECREATIONAL ACTIVITY MANAGER
Name BROWN, DENNIS
Address PO BOX 566
City-State-Zip: MARIANNA, FL 32446

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 the seal of the State of Florida; 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 on the report or on an attachment with all other like empowered.

SIGNATURE: GRADY SNELL JR.**CEO/PRESIDENT****04/15/2026**

Electronic Signature of Signing Officer/Director Detail

Date

FORM 990-NDepartment of Treasury
Internal Revenue Service**Electronic Notice (e-Postcard)**

For Tax Exempt Organizations not Required to File Form 990 or 990-EZ

OMB No. 1545-NNNN

2025

Open To Public Inspection

A For the <u>2025</u> calendar year, or tax year beginning <u>01/01/2025</u> , and ending <u>12/31/2025</u>	
B Check if applicable ☐ Termination ☒ Gross Receipts are \$50,000 or less	C Name of Organization GILMORE ACADEMY AND JCTS YOUTH DEVELOPING CENTER INC Number and Street (or P.O. box, if mail is not delivered to street address) PO BOX 566 City or town, state or country, and Zip + 4 MARIANNA, FL 32447-0566
E Website Address GilmoreAcademyJCTS.ORG	D Employer ID number 81-4430225
F Name of Principal Officer Grady Snelljr Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer PO Box 566 City or town, state or country, and ZIP + 4 Marianna, FL 32448	

Form 990-N

more Academy ICTS Youth
Developing Center INC.
Organization Name

CH# 68455
(Registration #)

DTN

8 South Street - Gilmore Academy Lane, Marianna, FL
Organization Physical Address City State

YEAR ENDING 12/31/2025

No Is this a proposed budget? (newly formed organizations only)

No Is this a consolidated financial statement for chapters, branches and affiliates?

REVENUE

ed campaigns:

1. 0

raising events:

2. \$9,355

Organizations:

3. 0

ent Grants:

4. 0

contributions, gifts, grants & similar amounts:

5. \$1,000.00

ntributions (non-cash contributions):

6. 0

service revenue: 1

7. \$5,760.00

m gaming activities:

8. 0

ventory revenue:

9. 0

r revenue

10. 0

o Dues and assessments

11. \$1,090.00

ENUE

12. 17,205

ces (including payments to affiliates)

nd general

1.

2.