

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4: 26

DOCUMENT # 703886 (2)
1. Corporation Name
JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
301 MORRIS RD. P.O. BOX 496 MONTICELLO FL 32344-6496	301 MORRIS RD. P.O. BOX 496 MONTICELLO FL 32344-6496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1962	04/20/1994
4. FEI Number	Applied For
59-6153432	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEE, THURMAN T. 301 MORRIS ROAD P.O. BOX 506 MONTICELLO FL 32344		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MARY ANN	1.2 NAME	
STREET ADDRESS	400 CEDAR STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINN, J B	2.2 NAME	
STREET ADDRESS	HIGHWAY 90, EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEHAUS, DONNA JEAN	3.2 NAME	
STREET ADDRESS	950 E. WASHINGTON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE T.T. MR.	4.2 NAME	
STREET ADDRESS	301 MORRIS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Blocks 12 if changed, or on an attachment with an address.

SIGNATURE: Thurman T. Lee TREAS DIR RD AGT 3/18/95 904-997-2241
Date Daytime Hours