

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



Principal Place of Business 301 MORRIS RD. P.O. BOX 496 MONTICELLO FL 32344-6496	Mailing Address 301 MORRIS RD. P.O. BOX 496 MONTICELLO FL 32344-3105
---	---

3. Date Incorporated or Qualified 04/12/1962	3a. Date of Last Report 02/08/1996
4. FEI Number 59-6153432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 N. Jefferson St 23 City & State Monticello 24 Zip 32345 25 Country Jefferson	2a. Mailing Address 26 Suite, Apt #, etc. 27 Po Box 496 28 City & State Monticello FL 29 Zip 32345 30 Country Jefferson
--	---

9. Name and Address of Current Registered Agent

LEE THURMAN T.
301 MORRIS ROAD
P.O. BOX 506
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name
BIRNEY LINN
82 Street Address (P.O. Box Number Is Not Acceptable)
83 Hwy 90 E. Po Box 335
84 City
MONTICELLO FL
85 Zip Code
32345

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: BIRNEY LINN *Birney Linn* 5-4-97
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALKER, MARY ANN	
STREET ADDRESS	400 CEDAR STREET	
CITY - ST - ZIP	MONTICELLO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINN, J B	
STREET ADDRESS	HIGHWAY 90, EAST	
CITY - ST - ZIP	MONTICELLO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WIEHAUS, DONNA JEAN	
STREET ADDRESS	950 E. WASHINGTON ST.	
CITY - ST - ZIP	MONTICELLO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEE T.T. MR.	
STREET ADDRESS	301 MORRIS RD.	
CITY - ST - ZIP	MONTICELLO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Sandy Lomen
4.3 STREET ADDRESS	Cougar Pond Rd
4.4 CITY - ST - ZIP	MONTICELLO FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Birney Linn* BIRNEY LINN President 5-4-97 904-957-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000016

CR2E037 (9/96)