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Apr 29, 1999 8:00 am
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04-29-1999 90152 032 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703886

1. Corporation Name

JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.

Principal Place of Business

**N JEFFERSON ST
MONTICELLO FL 32345
US**

Mailing Address

**P.O BOX 496
MONTICELLO FL 32345
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

3. Date Incorporated or Qualified

04/12/1962

4. FEI Number

59-6153432

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**LINN, BIRNEY
HWY 90 E
P.O BOX 335
MONTICELLO FL 32345**

10. Name and Address of New Registered Agent

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 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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

VD ☒ DELETE
WALKER, MARY ANN
400 CEDAR STREET
MONTICELLO FL

PD ☐ DELETE
LINN, J B
HIGHWAY 90, EAST
MONTICELLO FL

SD ☒ DELETE
WIEHAUS, DONNA JEAN
950 E. WASHINGTON ST.
MONTICELLO FL

TD ☒ DELETE
JOINER, SANDY
COOPER POND RD
MONTICELLO FL

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** **Robles, EDUARDO** ☐ Change ☒ Addition
1.2 NAME
205 N. RHODES ST.
1.3 STREET ADDRESS
Monticello FL 32344
1.4 CITY-ST-ZIP

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME
LINN, BIRNEY, HWY 90E
2.3 STREET ADDRESS
PO Box 335
2.4 CITY-ST-ZIP
Monticello FL 32345

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME
DERY Lene, COMPT
3.3 STREET ADDRESS
PO Box 401
3.4 CITY-ST-ZIP
Monticello FL 32345

4.1 TITLE **VD** ☐ Change ☐ Addition
4.2 NAME
JOHN BRINSON IV
4.3 STREET ADDRESS
435 N. JEFFERSON ST
4.4 CITY-ST-ZIP
Monticello FL 32344

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
BIRNEY LINN

4-26-99

850-997-3265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)