

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703886

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

N JEFFERSON ST  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

N JEFFERSON ST  
MONTICELLO, FL 32344 US

**New Mailing Address:**

FEI Number: 59-6153432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINN, BIRNEY  
1672 EAST WASHINGTON STREET  
P.O BOX 335  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

LEINBACK, BRUCE A  
1820 MICCOSUKEE COMMONS DR  
TALLAHASSEE, FL 32308 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: BRUCE A. LEINBACK      04/28/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HOGLE, ELIZABETH  
Address: 205 N RHODES ST  
City-St-Zip: MONTICELLO, FL 32344

Title: SD ( ) Delete  
Name: TERZIS, LEE  
Address: 1155 E PEARL ST  
City-St-Zip: MONTICELLO, FL 32344

Title: PD ( ) Delete  
Name: BRINSON, BEULAH  
Address: 2023 DILLS RD  
City-St-Zip: MONTICELLO, FL 32344

Title: VD (X) Delete  
Name: LEINBACK, BRUCE  
Address: 560 WAUKEENAH HWY  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: LEINBACK, BRUCE A  
Address: 1820 MICCOSUKEE COMMONS DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. LEINBACK      VD      04/28/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date