

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707474 (3)  
1. Corporation Name  
JEFFERSON COUNTRY CLUB, INC.



Principal Place of Business Mailing Address  
GROOVERVILLE HIGHWAY P.O. BOX 487  
MONTICELLO FL 32344 MONTICELLO FL 32345

3. Date Incorporated or Qualified 06/23/1964 3a. Date of Last Report 05/01/1995  
4. FEI Number 59-1055425 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
JORDAN, L R  
ROUTE 2, GROOVERVILLE HWY  
MONTICELLO FL 32344  
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 officer 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]* L R JORDAN 14 Feb 96  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UGGUCCINIO, HARRY	1.2 NAME	Pickels, Luther
STREET ADDRESS	1035 EAST PEARL STREET	1.3 STREET ADDRESS	Box 413, NORTH Hwy 19
CITY-ST-ZIP	MONTICELLO FL 32344	1.4 CITY-ST-ZIP	Monticello, FL 32345
TITLE	DD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKSEY, KEN	2.2 NAME	change title only
STREET ADDRESS	1325 LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCUTCHEON, JACK	3.2 NAME	D Row Smith
STREET ADDRESS	190 COOPERS POND ROAD	3.3 STREET ADDRESS	RT 1 Box 5-F
CITY-ST-ZIP	MONTICELLO FL 32344	3.4 CITY-ST-ZIP	Monticello, FL 32344
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNNELLS, WILLIAM	4.2 NAME	Jennie Metzger
STREET ADDRESS	ROUTE 2, BOX 220-A	4.3 STREET ADDRESS	399 Sunset Dr.
CITY-ST-ZIP	MONTICELLO FL 32344	4.4 CITY-ST-ZIP	Monticello, FL 32344
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHREY, BETH	5.2 NAME	S Jackson, Danny
STREET ADDRESS	ROUTE 1, BOX 135-B	5.3 STREET ADDRESS	RT 2 Box 116-A
CITY-ST-ZIP	LAMONT FL 32336	5.4 CITY-ST-ZIP	Monticello, FL 32344
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBERS, JOE	6.2 NAME	change title only
STREET ADDRESS	200 FALLOW ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32345	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 119.07(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Luther Pickels 14 Feb 96 904-597-5484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)