


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707474 (3)**  
1. Corporation Name  
**JEFFERSON COUNTRY CLUB, INC.**



Principal Place of Business <b>GROOVERVILLE HIGHWAY MONTICELLO FL 32344</b>	Mailing Address <b>P.O. BOX 487 MONTICELLO FL 32345-0487</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/23/1964</b>	3a. Date of Last Report <b>02/19/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1055425</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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  
85. Zip Code **FL**

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: *LR Jordan* DATE: **5 Jan 97**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PICKLES, LUTHER</b>	
STREET ADDRESS	<b>BOX 413, NORTH HWY 19</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COOKSEY, KEN</b>	
STREET ADDRESS	<b>1325 LAKE DRIVE</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, RON</b>	
STREET ADDRESS	<b>RT 1 BOX 5-F</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>METZGER, JEANNIE</b>	
STREET ADDRESS	<b>399 SUNSET DRIVE</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, DANNY</b>	
STREET ADDRESS	<b>RT 2 BOX 116-A</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUBERS, JOE</b>	
STREET ADDRESS	<b>200 FALLOW ROAD</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>MARK WICK, MARK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>(P) 715 TALL TRAIL</b>	
1.3 STREET ADDRESS	<b>Monticello, FL 32344</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Bobby Williams</b>	
6.3 STREET ADDRESS	<b>PO Box 279</b>	
6.4 CITY-ST-ZIP	<b>Monticello, FL 32345</b>	

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: *Mark Wick* **MARK WICK, PRESIDENT** DATE: **1-5-97** DAYTIME PHONE: **904 997-5181**

CR2E037 (9/96)