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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90083 027 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707474**

1. Corporation Name  
**JEFFERSON COUNTRY CLUB, INC.**

Principal Place of Business GROOVERVILLE HIGHWAY MONTICELLO FL 32344	Mailing Address P.O. BOX 487 MONTICELLO FL 32345
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/23/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1055425
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 *L.R. Jordan GM* **L.R. JORDAN** **1-9-99**  
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 P	<input checked="" type="checkbox"/> DELETE MALLOY, HAROLD RT 2 BOX 216-M MONTICELLO FL 32344	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mike Claydon 960 S. Water St. Monticello, FL 32344
TITLE D	<input checked="" type="checkbox"/> DELETE COOKSEY, KEN 1325 LAKE DRIVE MONTICELLO FL	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chuck Chambers 240 Holly Rd Monticello, FL 32344
TITLE S	<input checked="" type="checkbox"/> DELETE SMITH, RON RT 1 BOX 5-F MONTICELLO FL	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition Richard Witt 460 Morris Rd. Monticello, FL 32344
TITLE D	<input checked="" type="checkbox"/> DELETE METZGER, JEANNIE 399 SUNSET DRIVE MONTICELLO FL	4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barabara Pickles PO Box 413 Monticello, FL 32345
TITLE VP	<input type="checkbox"/> DELETE JACKSON, DANNY RT 2 BOX 116-A MONTICELLO FL	5.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Davis RT 5 Box 5164-1 Monticello, FL 32344
TITLE D	<input type="checkbox"/> DELETE WILLIAMS, BOBBY PO BOX 279 MONTICELLO FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAMSON

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]* **1-9-99** **997-5484**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0009267

CR2E037 (1/98)