


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90029 024 ****61.25

DOCUMENT # 707474
1. Entity Name
JEFFERSON COUNTRY CLUB, INC.



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



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **59-1055425**
Applied For: Not Applicable:

Zip: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**JORDAN, L R
ROUTE 2, GROOVERVILLE HWY
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **JR JORDAN Bus Mgr** **1-19-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: VP NAME: COLLINS, CLEE STREET ADDRESS: 4391 SIMPSON RD CITY-ST-ZIP: MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: TERRY, CHERYL STREET ADDRESS: 382 WOODLAND DRIVE CITY-ST-ZIP: MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE: D NAME: RISSMON, STEVE STREET ADDRESS: P.O. BOX 206-S. WENKIND ST CITY-ST-ZIP: MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE: S NAME: DAVIS, BETH STREET ADDRESS: SOUTH HWY 19, P.O. BOX 217 CITY-ST-ZIP: MONTICELLO FL 32344	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: PRINE, NICK STREET ADDRESS: 125 WA ROGERS RD CITY-ST-ZIP: MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE: T NAME: MILLER, GEORGE STREET ADDRESS: 240 W WASHINGTON CITY-ST-ZIP: MONTICELLO FL 32344	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: Todd Thigpen STREET ADDRESS: 270 West lake rd. CITY-ST-ZIP: Monticello, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Buddy Clarke STREET ADDRESS: 4874 Shiloh Hwy. CITY-ST-ZIP: Monticello, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nick Prine* **Nick Prine** **1-19-06** **250 991-5484**