

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90042 033 \*\*\*\*61.25



DOCUMENT # 707474		1. Entity Name	
JEFFERSON COUNTRY CLUB, INC.			
Principal Place of Business		Mailing Address	
GROOVERVILLE HIGHWAY MONTICELLO FL 32344		P.O. BOX 487 MONTICELLO FL 32345	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
59-1055425		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JORDAN, L R ROUTE 2, GROOVERVILLE HWY MONTICELLO FL 32344		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: JRO (NOTE: Registered Agent signature required when re-stating) DATE: 1-19-07

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: THIGPEN, TODD STREET ADDRESS: 270 W. LAKE RD CITY-ST-ZIP: MONTICELLO FL 32344 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: S NAME: TERRY, CHERYL STREET ADDRESS: 382 WOODLAND DRIVE CITY-ST-ZIP: MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <u>BILL MERTZ - Director</u> STREET ADDRESS: <u>Monticello Dr.</u> CITY-ST-ZIP: <u>PO Box 16 Monticello, FL 32345</u>	
TITLE: D NAME: RISSMON, STEVE STREET ADDRESS: P.O. BOX 206-S. WENKIND ST CITY-ST-ZIP: MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <u>Director Joe Munkley</u> STREET ADDRESS: <u>1060 Fairy Hills Drive</u> CITY-ST-ZIP: <u>Monticello FL 32344</u>	
TITLE: S NAME: CLARKE, BUDDY STREET ADDRESS: 4874 ASHVILLE HWY CITY-ST-ZIP: MONTICELLO FL 32344 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: P NAME: PRINE, NICK STREET ADDRESS: 125 WA ROGERS RD CITY-ST-ZIP: MONTICELLO FL 32344 <input checked="" type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <u>Clee Collins</u> STREET ADDRESS: <u>4391 Simpson Rd</u> CITY-ST-ZIP: <u>Monticello FL 32344</u>	
TITLE: T NAME: MILLER, GEORGE STREET ADDRESS: 240 W WASHINGTON CITY-ST-ZIP: MONTICELLO FL 32344 <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

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: Clee Collins DATE: 1/19/07