

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90032 002 ****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



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1055425

Applied For

(Not Applicable)

5. Certificate of Status Desired

\$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

[Signature]
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature must not be resigned)

DATE

1-23-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | THIGPEN, TODD | |
| STREET ADDRESS | 270 W. LAKE RD | |
| CITY-ST-ZIP | MONTICELLO FL 32344 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCRAE, BILL | |
| STREET ADDRESS | P.O BOX 16 | |
| CITY-ST-ZIP | MONTICELLO FL 32345 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARKLEY, JOE | |
| STREET ADDRESS | 1060 TALLY HILLS DR | |
| CITY-ST-ZIP | MONTICELLO FL 32344 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CLARKE, BUDDY | |
| STREET ADDRESS | 4874 ASHVILLE HWY | |
| CITY-ST-ZIP | MONTICELLO FL 32344 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | COLLINS, CLEE | |
| STREET ADDRESS | 4391 SIMPSON RD | |
| CITY-ST-ZIP | MONTICELLO FL 32344 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MILLER, GEORGE | |
| STREET ADDRESS | 240 W WASHINGTON | |
| CITY-ST-ZIP | MONTICELLO FL 32344 | |

| | | |
|----------------|-----------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

Joe Markley - Director

1-23-08