

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707799 (3)

1. Corporation Name  
JEFFERSON CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 15 PM 3:23

Principal Place of Business Mailing Address  
930 NO TAMiami TRAIL SARASOTA FL 34236 930 NO TAMiami TRAIL SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1964	3a. Date of Last Report 02/07/1994
4. FEI Number 59-6169729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

9. Name and Address of Current Registered Agent

STULTS, MARY W.  
930 N. TAMiami TRAIL  
SARASOTA FL 34236

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	MILLET, MARIE
STREET ADDRESS	5876 CLUBSIDE DR.
CITY - ST - ZIP	SARASOTA FL
TITLE	PTD
NAME	HART, RICHARD R.
STREET ADDRESS	6110 WILLSHIRE CIRCLE
CITY - ST - ZIP	SARASOTA FL
TITLE	TTD
NAME	ELLIOTT, JOHN R.
STREET ADDRESS	6398 MIDNIGHT CVE #913
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	TD
NAME	WORSSAM, RAY J
STREET ADDRESS	3614 NARANJA
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	VTD
NAME	ST. CLAIR, DONALD R.
STREET ADDRESS	11 SUNSET DRIVE #605
CITY - ST - ZIP	SARASOTA FL
TITLE	STD
NAME	SMITH, JACK A.
STREET ADDRESS	1711 STARLING DRIVE
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/Tr	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	34243	
2.1 TITLE	P/Tr	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	34238	
3.1 TITLE	T/Tr	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	34242	
4.1 TITLE	S/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Helen Reifern	
4.3 STREET ADDRESS	1600 1st Ave. West	
4.4 CITY - ST - ZIP	Bradenton, FL 34205	
5.1 TITLE	V/Tr	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	34236	
6.1 TITLE	S/Tr	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP	34231	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Richard Robert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95  
DATE

PHONE #