

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 707799 (3)

1. Corporation Name
JEFFERSON CENTER, INC.



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

3. Date Incorporated or Qualified: 09/11/1964
3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-6169729
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VTR	<input type="checkbox"/> DELETE
NAME	MILLET, MARIE	
STREET ADDRESS	5876 CLUBSIDE DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PTR	<input type="checkbox"/> DELETE
NAME	HART, RICHARD R.	
STREET ADDRESS	6110 WILLSHIRE CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JOHN R.	
STREET ADDRESS	6396 MIDNIGHT CVE #913	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	REDFERN, HELEN	
STREET ADDRESS	1600 1ST AVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VTR	<input type="checkbox"/> DELETE
NAME	ST. CLAIR, DONALD R.	
STREET ADDRESS	11 SUNSET DRIVE #605	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STR	<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	4027 Country View Drive	
6.4 CITY-ST-ZIP	Sarasota, FL 34233	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard R. Herdt* Date: February 20, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)