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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34236-4056

3. Date Incorporated or Qualified: 09/11/1964
3a. Date of Last Report: 03/01/1996

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	Applied For
	Suite, Apt #, etc.		Suite, Apt #, etc.		59-6169729	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	24. Zip	29	29. Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STULTS, MARY W. 930 N. TAMiami TRAIL SARASOTA FL 34236				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLET, MARIE	1.2 NAME	Shan A. Mohammed
STREET ADDRESS	5876 CLUBSIDE DR.	1.3 STREET ADDRESS	6840 Hughes Street
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	PTR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, RICHARD R.	2.2 NAME	
STREET ADDRESS	6110 WILLSHIRE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	TTR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, JOHN R.	3.2 NAME	
STREET ADDRESS	6396 MIDNIGHT CVE #913	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDFERN, HELEN	4.2 NAME	
STREET ADDRESS	1600 1ST AVE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	VTR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. CLAIR, DONALD R.	5.2 NAME	
STREET ADDRESS	11 SUNSET DRIVE #605	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	STR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JACK A.	6.2 NAME	
STREET ADDRESS	4027 COUNTRY VIEW DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Hart *Richard R. Hart* 1/7/97 941-953-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061261

CP2E037 (9/96)