


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90270 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707799**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/11/1964	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6169729	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED, SHAN A	1.2 NAME	
STREET ADDRESS	6840 HUGHES ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
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	988 BLVD OF THE ARTS, APT. 1116	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	STR <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JACK A.	6.2 NAME	TR
STREET ADDRESS	4027 COUNTRY VIEW DRIVE	6.3 STREET ADDRESS	HAPPY, RICHARD T.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	4320 CENTER POINTE LANE
			SARASOTA, FL

14. I 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, with all other like empowered.

SIGNATURE:

*Signature of Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

941-953-9585

Daytime Phone #

CR2E037 (11/98)