

**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 # 740931 (1)

1. Corporation Name  
**JEFFERSON CENTER FOUNDATION, INC.**



Principal Place of Business: 930 N TAMiami TRAIL SARASOTA FL 34236  
Mailing Address: 930 N TAMiami TRAIL SARASOTA FL 34236

3. Date Incorporated or Qualified: 12/02/1977  
3a. Date of Last Report: 03/06/1995  
4. FEI Number: 58-1802270  
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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 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	SD	<input type="checkbox"/> DELETE
NAME	SMITH, JACK A	
STREET ADDRESS	1711 STARLING DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ST CLAIR, DONALD R	
STREET ADDRESS	11 SUNSET DR #605	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REDFERN, HELEN	
STREET ADDRESS	1600 1ST AVE. WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JOHN R	
STREET ADDRESS	6396 MIDNIGHT COVE RD913	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEPUY, LEE	
STREET ADDRESS	1212 SANTIAGO DRIVE	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLETT, MARIE	
STREET ADDRESS	5876 CLUBSIDE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4027 Country View Drive
14 CITY-ST-ZIP	Sarasota, FL 34233
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Prentice, Lois
53 STREET ADDRESS	4024 Crockers Lakes Blvd. Apt. 612
54 CITY-ST-ZIP	Sarasota, FL 34238
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *Marie J. Millett* 3-20-96 941-351-4281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)