


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90017 007 ****61.25

0065473

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 740931			
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	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/02/1977	
				4. FEI Number 58-1802270	
				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	
				Trust Fund Contribution <input type="checkbox"/>	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	SD			1.1 TITLE	VD		
NAME	SMITH, JACK A			1.2 NAME	HAPPY, RICHARD T.		
STREET ADDRESS	4027 COUNTRY VIEW DR			1.3 STREET ADDRESS	4320 CENTER POINTE LANE		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	SARASOTA, FL		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHAMMED, SHAN A			2.2 NAME	Shan A. Mohammed		
STREET ADDRESS	6840 HUGHES ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDFERN, HELEN			3.2 NAME			
STREET ADDRESS	1600 1ST AVE. WEST			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, JOHN R			4.2 NAME			
STREET ADDRESS	6396 MIDNIGHT COVE RD913			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34242			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRENTICE, LOIS			5.2 NAME			
STREET ADDRESS	4024 CROCKERS LAKES BLVD, APT 612			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLET, MARIE			6.2 NAME			
STREET ADDRESS	5876 CLUBSIDE DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			6.4 CITY-ST-ZIP			

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: Shan A. Mohammed **SIGNATURE REQUIRED** 3/1/99 941-953-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)