

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90023 019 \*\*\*\*61.25

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08312006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # N02000006441</b>			
1. Entity Name JEFFERSON COUNTY EDUCATIONAL FOUNDATION, INC.			
Principal Place of Business 735 WEST WASHINGTON ST MONTICELLO, FL 32344		Mailing Address 735 WEST WASHINGTON ST PO BOX 1096 MONTICELLO, FL 32345	
2. Principal Place of Business <i>1490 WEST WASHINGTON ST.</i>		3. Mailing Address <i>1490 WEST WASHINGTON ST.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MONTICELLO, FL</i>		City & State <i>MONTICELLO, FL</i>	
4. FEI Number 32-0074462		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, ULMAR G 440 MORRIS RD MONTICELLO, FL 32344		Name <i>Wilson, HAL KENT</i> Street Address (P.O. Box Number is Not Acceptable) <i>1490 WEST WASHINGTON ST.</i> City <i>MONTICELLO</i> FL Zip Code <i>32344</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Hal K. Wilson</i> <b>HAL K. WILSON</b>		DATE <i>9/1/06</i>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ULMER G 440 MORRIS RD. MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBBS, JANA H. 4132 SOUTH JEFFERSON LAMONT, FL 32336 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARD, DAVID 1125 LAKE DRIVE MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROANN, GLADYS PO BOX 524 MONTICELLO, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSER, ELIZABETH H P O BOX 135 MONTICELLO, FL 32345 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, HAL KENT 1490 WEST WASHINGTON ST. MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Hal K. Wilson</i> <b>HAL K. WILSON</b>		Date <i>9/1/06</i> 800 342-0100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	