


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N02000006441 1. Entity Name JEFFERSON COUNTY EDUCATIONAL FOUNDATION, INC.	
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Principal Place of Business 1490 WEST WASHINGTON ST MONTICELLO, FL 32344	Mailing Address 1490 WEST WASHINGTON ST MONTICELLO, FL 32344
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 32-0074462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

WILSON, HAL K
1490 WEST WASHINGTON ST
MONTICELLO, FL 32344

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000681420
 03/20/07-80039-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBBS, JANA H 4132 SOUTH JEFFERSON LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARD, DAVID 1125 LAKE DRIVE MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROANN, GLADYS PO BOX 524 MONTICELLO, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, HAL K 1490 WEST WASHINGTON ST MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Hal K Wilson 3.6.2007 850 342 0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #